



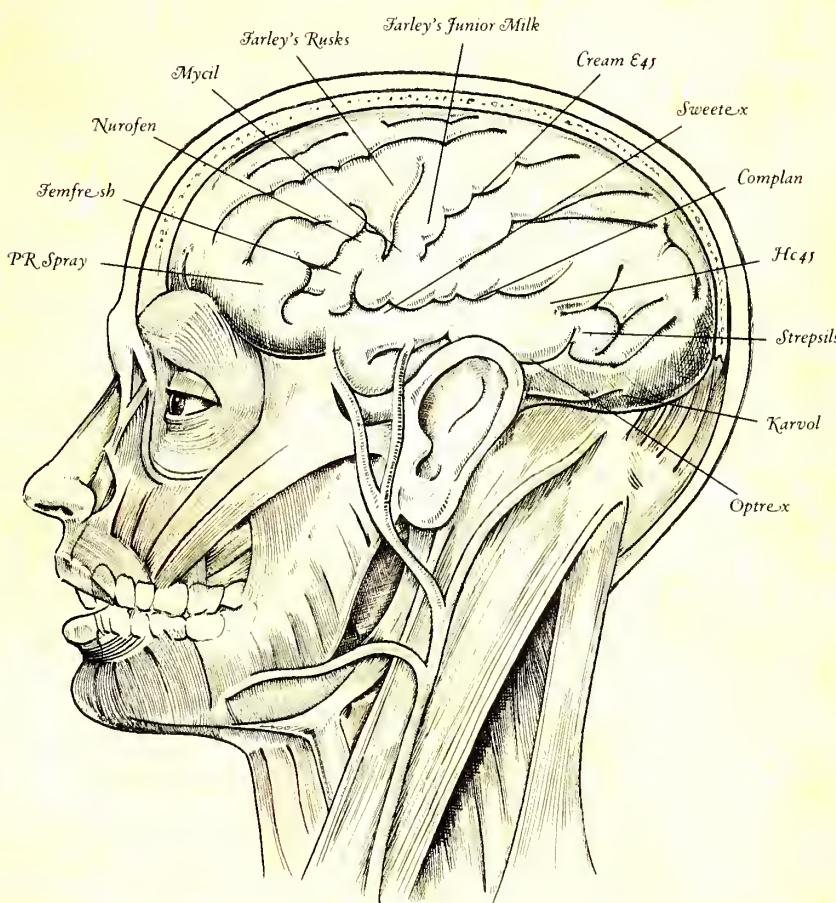
# CHEMIST & DRUGGIST

the newsweekly for pharmacy

July 6, 1991

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## MCA confirms new fees for mid-July

## NPA cautious on advising over self-selection

## Receivers sell off SOT Healthcare

## On incontinence and fatigue



## Wrap up the gift market



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## CHEMIST &amp; DRUGGIST

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& PHARMACY UPDATE

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**Deputy Editor:** Patrick Grice, MRPharmS  
**Assistant Editor:** Robert Darracott, MRPharmS  
**Contributing Editor:** Adrienne de Mont, MRPharmS  
**Business Editor:** Zachary Goldring, MSc  
**Technical Editor:** Charlotte Coker, MRPharmS  
**Reporters:** Jane Feely, PhD, MRPharmS  
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 Julian de Bruxelles  
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**Publisher:** Ronald Salmon, FRPharmS  
**Director:** Felim O'Brien

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## COMMENT

The Medicines Control Agency, in its relatively short life, has had some considerable success in speeding up the processing of licence applications. Manufacturers had for years been complaining about the length of time it took to get a licence for new chemical entities or to modify existing licences. They were unable to rely on delivery of licences in time to execute marketing plans. At the very least advertising schedules could be compromised, but sometimes seasonal products missed the season altogether with the launch put off for 12 months. This meant loss of revenue for companies.

Things have improved. At the recent Proprietary Association of Great Britain annual dinner president Colin Wood was able to congratulate the MCA on now being "the fastest agency in Europe in processing new chemical entities". However, he yearned for the time when the same could be said of their track record for dealing with abridged product licence applications.

Some of the MCA's success can be put down to the industry funding structure that was launched alongside the Agency. The Government determined that if industry wanted to expedite licensing then it must pay. Industry

agreed to the proposal in the belief that the MCA would deliver. So far it has but at a price — fees have gone up almost faster than the rate of licence handling. Back in March the MCA proposed a new fee structure that reflected more closely the work involved in producing the licence — a service related charge. Now, after a period of consultation, the new structure has been announced (p4).

Overall standard fees for licensing new chemicals or varying existing licences have been cut by the introduction of a service charge for maintaining existing licences: the original hope was that some 40 per cent of the MCA income would be generated by the maintenance charge. The MCA originally suggested that standard maintenance charges would be reduced for products with a turnover below £5,000. This limit has now been raised to £30,000 to further reduce the burden on companies with a portfolio of small products. The corollary is that maintenance fees have been increased for the "big boys".

By and large industry seems satisfied with the new proposal. Both companies and the public will be well satisfied if more effective medicines get on the market more quickly as a result.

# New MCA fees laid before Parliament

The latest fee structure from the Medicines Control Agency, currently before Parliament as The Medicines (Products for Human Use — Fees) Regulations 1991, contains some concessions for smaller companies.

The MCA originally proposed a reduced service charge, or periodic fee, for licences where the turnover of a product was less than £5,000. This has been increased to £30,000. A maintenance fee (£80-150) has been introduced where a product is "at a minimum activity level".

To compensate for the loss of income caused by the increased number of products qualifying for reduced periodic fees, the overall fee levels have increased from those originally proposed:

Service charge (per licence per period)		New fee
New active substance	£10,000	
Additional dosage form	£5,000	
Additional strength	£3,000	
Prescription Only Medicine		
Standard	£900	
Reduced (1)	£450	
Maintenance (2)	£150	
Pharmacy Medicine		
Standard	£450	
Reduced (1)	£225	
Maintenance (2)	£100	
General Sales List		
Standard	£200	
Reduced (1)	£100	
Maintenance (2)	£75	

Herbal	£50
Homeopathic	£25
Manufacturer's licence	£200

Wholesale Dealer's Licence:	
Standard	£125
Reduced rate (3), GSL only	£75

1. Applies where UK turnover does not exceed £30,000
2. Payable when the licence holder declares (a) he does not intend to manufacture or import the product during the licence fee period and (b) he has not manufactured or imported the product for the 15 months prior to the beginning of the licence fee period or, if he has, turnover did not exceed £1,000 in the 12 months preceding the licence fee period.
3. Reduced rate for registered pharmacies where wholesaling of licensed products does not exceed 15 per cent of turnover in licensed products.

The capital fee structure remains largely unchanged, the notable exception being that a product licence for an absorbable wound dressing is reduced from £17,000 to £250. Since issuing its consultation letter the MCA has found it cannot charge a periodic fee for clinical trials certificates. The renewal fee is therefore retained but is reduced to £3,500.

The turnover limit enabling licence holders to qualify for the small business concession over the timing of payment of

application fees has been doubled to £2 million.

The date for surrendering licences that companies might wish to cancel has been extended to the day before the Regulations come into force. The MCA advise notice of surrender should reach them by July 16.

The licence fee period for this year will start the day the Regulations come into force and end on March 31, 1992. In subsequent years it will run from April 1 to March 31. Appropriate rebates will be allowed where a licence holder has renewed a licence in the past two years.

There has also been a change in the rules for parallel import licences: until recently the PL(PI) was allowed to mention more than one EEC source. Now such licences are only issued per source. The MCA has therefore decided the periodic fee should be based on the medicinal product and not the number of sources.

## Scottish concerns

The Scottish Executive of the Royal Pharmaceutical Society is concerned that two circulars, one proposing the creation of "national pharmaceutical specialists" and the other on the future role of chief administrative pharmaceutical officers, were sent to general managers without consultation.

The Executive had agreed to approach the Scottish Office Home and Health Department stressing the importance of professional advice to the new health boards once their structure was announced.

However, the Executive was concerned that a paper proposing such an important step as the creation of "national pharmaceutical specialists" had already been sent out, especially since the scope of pharmaceutical services covered meant implementation would have implications for pharmacists in many areas of practice.

The SHHD paper proposes that some activities, including quality control and drug information, would be subject to option appraisal by consultants.

## Women's health leaflet

Community pharmacies are to receive copies of the Government's new health leaflet for women.

"A guide to services for women", has been launched by Health Minister Virginia Bottomley. It highlights the value of preventative care and gives details of leaflets, advice lines and special interest groups.

The leaflet is being distributed to hospital waiting rooms, GP surgeries, pharmacies, public libraries and citizens advice bureaux. It is being advertised in women's Press and national newspapers. Individuals can request copies from Women's Health, Freepost (BF528/76), Bristol BS3 3YY or by calling Freephone 0800 555777.

## Anyone for cough mixture?

A BBC Radio 4 report last Friday claiming that pharmacies in Wimbledon are doing a "roaring trade" in cough and cold products because of the rain appears to be something of an exaggeration.

C&D could not track down any pharmacies benefitting from the miserable weather. "You must be joking!" was Wimbledon pharmacist Mr Hopkin's reply to the possibility of a bumper fortnight. "As far as we're concerned, we're down on last year," he said.

Paresh Modasia dismissed the claim as rubbish. "It's my seventh Wimbledon year and the worst because of the weather," he said.

Pharmacist Raj Patel said that the "ridiculous" trade was also due to the fact that no local people seemed to be around. Other pharmacists agreed — "no parking" signs in many areas had hindered even local trade.



# Sunday sale leads to reprimand

A Birmingham company which flouted the law by selling a codeine product in the absence of a pharmacist has been reprimanded by the Statutory Committee.

Calstar Ltd of Bayswater Road, Perry Bar, Birmingham, admitted selling Codis tablets to an inspector at the pharmacy at 159 Lozells Road, Birmingham, on February 11, last year.

The company was fined £250, with £75 costs and a company director, Parvez Kahan was fined £250 with £75 costs by Birmingham magistrates on October 12 last year.

David Young, an RPSGB inspector went to the pharmacy posing as a member of the public in the belief Calstar was one of a number of Birmingham

pharmacies trading on a Sunday without a pharmacist. Mr Young said he bought a packet of Codis from the two company directors, Mafus Kahan and Parvez Kahan. There was no pharmacist present. Mr Young said he made no reference to any medical condition and at no stage did either of the two directors say they were closed.

## Admonished for lack of supervision

A Mid-Glamorgan pharmacist appeared before the Royal Pharmaceutical Society's Statutory Committee last week as a result of court proceedings last year when drugs liable to abuse were issued at her pharmacy in her absence.

Gillian Hughes of 14 Park Crescent, Pontyclun, was fined £750 with £250 costs last October at Pontypridd Magistrates Court where she admitted that drugs were dispensed, contrary to the Medicines Act 1968 on June 7, 1990, at her pharmacy at 192 Gelli Road, Gelli, Pentre, Tonypandy, Mid-Glamorgan.

Josselyn Hill, for the Society,

told the Statutory Committee that 20 items were issued, including a rheumatic drug, tranquillisers and sedatives, a barbituate liable to misuse, an anorexic drug, and temazepam, all in the presence of a Society inspector during a routine, unannounced visit. The Committee only took into account items which were the subject of her conviction.

There had been no previous incidents and none since. All the patients were known to the dispensing assistant and all were repeat prescriptions. Mrs Hughes, who has owned the village pharmacy for ten years, said she normally arrived at

opening time but was late on this occasion after stopping for petrol because she could not get the petrol cap off. Her assistant knew she should not give out medicines in her absence but she was under pressure from the patients.

Admonishing Mrs Hughes, Statutory Committee chairman Gary Flather, QC, said: "Although the medicines had a potential danger, they were repeat prescriptions and the patients would be aware of the danger. Never can an assistant be allowed to think they can do things which only a pharmacist can do. This was not a premeditated incident but was a one off."

## No recommendations from NPA on OTC self-selection and display

The National Pharmaceutical Association has decided it would not be appropriate for it to make any firm recommendations on displaying Pharmacy medicines and selling General Sales List medicines by self-selection.

At its June meeting, the Board decided that although members needed guidance on what was permitted by law and under the Royal Pharmaceutical Society's Code of Ethics, matters such as display were for individuals' professional judgement and conscience.

Members are to be reminded, though, that GSL medicines are sold by self-selection in other retail outlets without pharmaceutical intervention or advice from trained staff. After discussions with the Society, Boots are rearranging their branches to allow self-selection of GSL.

The Board will also stress the importance of suitably qualified support staff, the availability of NPA training courses for assistants, and the importance of displaying medicines out of the reach of children.

**Dispensing doctors.** An NPA policy statement on rural dispensing practices and the dispensing technicians' correspondence course is to be circulated for information to all FHSAs.

Dispensing doctors still inquire about the course, following the failure of the Dispensing Doctors' Association to set up a college-based course. The statement points out that "the course is totally inappropriate for assistants in doctors' practices, because they do not work under the same conditions as pharmacy technicians. They are not continuously supervised by any professionally qualified person, and there is no pharmacist working with them through the course or to supervise their work once qualified."

**Bank charges.** Following reports from members of high bank borrowing rates and charges, the Board agreed to support the representations being made to the large clearing banks by the National Chamber of Trade, and to help any NPA member who requested assistance.

**European affairs.** Colette McCready, reporting on the proceedings of the EC Pharmacy Group's annual assembly in Strasbourg, said there appeared to be considerable pressure for uniformity on generic substitution between Member States. She also reported on the current position of the pharmacy Directives: it is still not clear whether the definition of wholesale dealing will include

supplies by pharmacies to doctors and other health professionals; and it did not appear to be recognised that it would be practically impossible for pharmacists to supply a patient information leaflet with every medicine, until the UK adopted original pack dispensing.

**Pharmacy smoking clinics.** The Board agreed to investigate the possibility of Department of Health funding for anti-smoking clinics, which pharmacists could run with assistance and support. **New branch secretaries:** Donald Wood (Barnsley), Geoffrey Weaver (Bath), K.S. Kalsi (Bedfordshire), G. Edwards (Norfolk), Anant Pandya (Reigate, Redhill), David Beynon (Swansea).

Addressing the Committee, Mr Kahan said he and his brother were preparing a list for a visit to the warehouse. Only the shutter covering the door was up and they certainly were not trading. "Mr Young asked for a box of Codis and said he was in pain. My brother felt sorry for him," he said.

Roger Lloyd, solicitor for Calstar, said the brothers were, "not deliberately flouting the rules. My clients were caught out, their fines have hit the company hard." Calstar now have a permanent pharmacist.

Chairman Gary Flather QC, said the company had seven years of faultless trading to their credit and the Committee was pleased to hear it had the service of a permanent pharmacist.

## Reprimand for unsupervised P sale

A Birmingham pharmacist has been severely reprimanded by the Statutory Committee following the sale of medicine at his pharmacy without his presence.

Mr Mohamed Fazal, of Selly Wick Road, Selly Park, Birmingham, was conditionally discharged for two years at Birmingham Magistrates Court on March 20 last year, when he admitted Veganin was sold to an inspector at his pharmacy in Highfield Road, Alum Rock, Birmingham, on June 17, 1989, without a pharmacist being present.

Mr Stanley Brandwood, an RPSGB inspector, told the Committee that he posed as a member of the public during the random visit. He was sold the Veganin, but was told the pharmacist was not around. There have been no similar problems on subsequent visits.

Addressing the Committee, Mr Fazal said he had been at the pharmacy earlier that morning and told his dispensing assistant that if anybody needed him, or if anybody wanted medicines, he was only 150 yards away in his office. Mr Fazal understood his brother was on his way to the pharmacy that morning, but he insisted his assistant had been told he should not sell medicines without a pharmacist being present.

"It is not enough to blame your dispensing assistant," commented chairman Mr Gary Flather QC. "We find it unnerving your lack of understanding of what your job and duty to the public is," he added, and warned him against similar offences.

# FHSA urges public to make use of pharmacies

Health chiefs at Bromley Family Health Services Authority are urging the public to make better use of their local pharmacies.

In a Press release issued by the Authority, general manager Tom Dean said: "Chemists don't just dispense drugs — they are able to offer practical advice about dealing with minor ailments, what

medicines are available and the cheapest way of buying them."

Spokeswoman Angela Moon told *C&D* the Authority had been having "a bit of a blitz on things pharmaceutical". This began with the introduction of a home delivery service for elderly and house-bound patients (*C&D* June 15, p974); the Press release is the

second part of this campaign.

In particular, the FHSA are reminding people about the existence of pre-payment certificates, and that pharmacists can advise when a particular medicine is available in a cheaper form and when a medicine on prescription can be purchased for less than the £3.40 fee.

## GPs apply to dispense for 200 patients

Doctors in a Cotswold village have asked the local family health services authority for permission to dispense for just 202 patients in a village over one mile from the local pharmacy.

The doctors at Stow-on-the-Wold want to dispense for patients in Longborough despite the fact that they make up less than 5 per cent of the surgery's list. The village is approximately two miles from Stow and Moreton-in-the-Marsh, both of which have a pharmacy.

In their application, the doctors claim that pharmacy hours do not always coincide with those of the surgery. Stow pharmacist Graham Palfrey plans to object to the application and in conjunction with neighbouring pharmacies plans to look at the possibility of a collection and delivery service for patients in Longborough.

Meanwhile a GP director of Peachdell, a company opening pharmacies in rural areas of Suffolk, has been criticised in the medical Press. Dr Lindsay Pritchett, who formed Peachdell with his wife, is awaiting the outcome of an appeal against Suffolk FHSA's decision to grant permission for a pharmacy in Capel St Mary.

Local GP Gareth Richards, quoted in *GP*, said: "It is wrong that a GP should, at a time when we are struggling with the contract, take work and livelihood from other GPs."

Donna Derby, co-director of services at Suffolk FHSA, confirmed that the Authority's decision was that a pharmacy in the village would not prejudice existing services.

In another rural case, GPs are to appeal after an Oxford pharmacist received backing from his FHSA for a pharmacy in the village of Wheatley.

The FHSA agreed unanimously that the application would not prejudice existing medical and pharmaceutical services. Pharmacist Peter Dean

told *C&D* that the FHSA had also made a decision whether the pharmacy was necessary and desirable but will not reveal that decision until the outcome of the appeal is known.

Mr Dean believes that the doctors involved have written to the European Commission complaining of a lack of patient

choice if the pharmacy is granted. "My feeling is that they are trying to whip up a feeling that the regulations as they stand are unfair," he said.

If permission for the Wheatley pharmacy is granted, about 4,000 patients would be transferred, about half those currently on the doctors' list.

## No change to UK OTC packs

Labels on packs of over the counter medicines in the UK will not have to be changed, following the amendment of proposals from the European Commission on the draft Directive on labelling and leaflets.

At the first reading of the directive in the European Parliament, amendments were voted in confirming that the label of products for self-medication should carry instructions for use, and special warnings, such as not driving if the product causes

drowsiness.

The European Commission had wanted this information removed from the label and placed in a leaflet inside the pack.

The Proprietary Association of Great Britain welcomed the Parliament's decision as one which corrected "the deficiency of the Commission's proposals". PAGB and consumer groups lobbied the European Parliament, arguing that the Commission's proposals would be a step in the wrong direction.



Three organisations joined together to fly the community pharmacy flag at the first annual conference of the National Association of Health Authorities and Trusts, held recently in Bournemouth. The community pharmacy stand was organised and manned by Mike King, assistant secretary, PSNC, Collette McCreedy, head of public affairs, National Pharmaceutical Association, and Roger Odd, head of practice division, Royal Pharmaceutical Society of Great Britain. Pictured are (l-r) Roger Odd; John Merrills, deputy chief pharmacist, Department of Health; Collette McCreedy; Bill Darling, chairman, NAHAT and member of RPSGB council; and Dr Keith Watson, vice-chairman, Sunderland Family Health Services Authority

## Which? on repellents

Insect repellents applied to the skin pose a greater potential risk to health than repellent devices, yet safety controls are far less strict. This month's *Which?* published by the Consumers' Association, points out that topical repellents are considered cosmetics and therefore do not have to be approved for safety or give safety information on labels.

"All repellents should be covered by the Control of Pesticides Regulations — and therefore be tested for toxicity and approved," says editor Sue Leggate. The magazine also proposes an improvement in the law so labels give all the information needed for safe and effective use. Better enforcement of existing rules on repellent gadgets is also called for.

Some 41 insect repellents were assessed for efficacy, based on the nature and concentration of active ingredients, by the London School of Hygiene and Tropical Medicine. Top of the ratings were Combat liquid, Mijex liquid, Mosi-guard and Repel Sportsmen and Repel 100.

Sticks are convenient and last longest because they make the active ingredient adhere to the skin, says the report. Liquids and lotions can supply repellent at lower cost and although gels are thicker and stickier they hold the active ingredient on the skin for longer.

Sprays are convenient to apply but are bulky, and pump-action sprays have greater staying power than aerosols, says the report. Wipes are convenient but expensive and last for a shorter time than liquids.

## CPP reminder

Associates of the College of Pharmacy Practice wishing to take assessments D (practice workbook and oral) and/or E (structured practical examination) in the Autumn are reminded that the closing date for registration is August 16. The closing date for submission of practice workbooks is August 30 and the oral will be held on November 21 in Coventry.

Special provision will be made for candidates living in Scotland or Ireland to have their orals on October 14 in London if they are also taking assessment E. This will be held on November 14 in London.

Registration forms are available from the College. Tel: 0203 692400.

## Better than a bill-board

In May pharmacists in the Eastern Board area were offered the opportunity to take part in a window dressing competition. This was part of the "Care in the sun" campaign designed to encourage the public to avoid over exposure to sun, and to use an effective sunscreen. The window display which best reflected these points received a prize of £80.

**'Shop windows are an effective selling vehicle: if used for health education there should be suitable remuneration'**

Apart from the immediate unpleasant effects of too much sun, the incidence of skin cancer in Northern Ireland is increasing and deaths from malignant melanoma have increased three fold since the 1960s. Research suggests that this is directly related to one's total lifetime sun exposure.

The chance of a £80 prize is not much of an incentive but it is pleasing to note that the Boards now appear to recognise the potential benefit of using pharmacy window displays to get across their healthcare messages. If used properly pharmacy windows could be as effective in advertising healthcare messages as bill-boards, but bill-boards do not have a pharmacist available to clarify or supplement the health message. Indeed this is the angle community pharmacy representatives from North and West Belfast are presenting to their Health Board management unit in their attempt to get funding to provide additional services.

Within the new NHS management structure the management units will have the money to spend on such ventures. The pharmacists in this unit have agreed the services they would like to provide. Offering the use of their shop windows as part of the Board's healthcare campaigns is one of their proposals. They rightly point out that their shop windows are an effective selling vehicle for their businesses, and if used for health education purposes the proprietor should receive suitable remuneration. It will be interesting to see how these discussions develop. Certainly their proposal appears to be practical. It will, however, require more than a chance of an £80 prize.

Written by a Northern Ireland Community Pharmacist

# TOPICAL REFLECTIONS

by Xrayser

## Speeding POMs to Ps

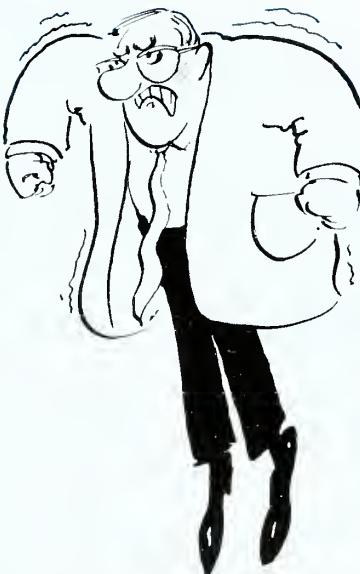
The argument for increasing the range of drugs available for purchase through pharmacies has now been widely accepted but still very little has been achieved. Last week (p1060), the Proprietary Association of Great Britain called for a working party to be set up to suggest procedures for future moves from "POM to P". The week before David Coleman stated (C&D June 22, p1023): "It is frustrating for pharmacists to be unable to use a medicine they know to be safe and effective."

It is also frustrating for patients who, having been educated to assume responsibility for their own medical welfare, are being denied the means to achieve it. Has it not been demonstrated by the Danish experience that deregulation has produced few problems, with the patient responding positively and responsibly to the increased availability of specific treatments?

Many small moves in the right direction, but the reality is more delay and no action. Hydrocortisone was changed using existing procedures. That same mechanism should now be actively adopted in order to gain an ever increasing list of "safe and effective medicines" for the pharmacy. The alternative is stagnation and frustration for both pharmacists and their patients.

## Computer sign-off

One of the roles of the community pharmacist is to ensure that the prescription he dispenses is genuine. I have often been asked how I detected a particular forgery, but there is no definitive answer. "It's in my bones," I say. It is almost intuitive, and although I may have unknowingly missed a few, I have never made a false accusation. Dr David Valentine, in his defence of



"facsimile" signatures on computer-generated prescriptions, (Letters, last week) maintains that his electronic systems make my intuition redundant, but although computer fraud may be difficult, it is by no means impossible.

The technology for scanning a prescription and reproducing any part of it with perfect accuracy freely exists and is currently legitimately used by all desktop publishers. With only a little persistence any dedicated fraudster could produce, from an original prescription, an infinite

number of Dr Valentine's facsimile signatures, and also numerous copies of his blank prescription forms. It is then but a short step to producing "genuine" scripts for non-CD drugs of abuse.

Dr Valentine has put a commendable amount of work into producing his system, but he cannot pass responsibility for the consequences of its introduction to his family health service authority. The Royal Pharmaceutical Society should have been consulted and even if, innocently, he did not initially involve them, he should now seek and welcome an investigation by them in co-operation with other interested parties. Meanwhile Dr Valentine should demonstrate his responsibility and agree to revert to traditional signatures until the conclusions of any investigation have been properly considered.

## Locs that don't Clic?

Child resistant caps are still a problem to the elderly, but with a little understanding and help from the pharmacist, the excessive use of the can opener is slowly diminishing. That is everywhere except with Inderal consumers. ICI seem to have found a particularly virulent source of Clic-loc caps for their packs which have defied all attempts from myself, Jenny my dispenser, and Charles Atlas to remove them. Perhaps someone in Cheshire could tell me the secret before I resort to the can opener treatment!

# SCRIPT SPECIALS

## Vipsogal for named patients

Harley Street Supplies Ltd are introducing Vipsogal ointment, a Prescription Only Medicine (named patient basis only) which is indicated in the topical treatment of chronic dysplastic dermatosis, psoriasis and psoriatic dermatosis.

It contains betamethasone dipropionate 17.5mg, fluocinonide 17.5mg, gentamicin sulphate 35,000iu, salicylic acid 5g, and panthenol 0.5g, in a 100g tube

(£50 trade).

To use, a small quantity should be applied to the affected areas twice a day for seven days. If no redness occurs, it may be applied more liberally for up to 25 days, when treatment should be reviewed. It can then be reused after 14-21 days.

For contra-indications and warnings see Data Sheet; side-effects are rare. *Harley Street Supplies Ltd. Tel: 071-486 7767.*

## Kiditard out of stock

Delandale Laboratories' Kiditard capsules are expected to be out of stock for about six to seven weeks, say distributors Farillon.

Delandale representatives will try to re-allocate existing shelf stocks. Pharmacists can contact Miss Alison Crouch at *Delandale Laboratories Ltd. Tel: 0227 766353.*

## Dovonex GP launch

Leo Laboratories' Dovonex ointment, already in use in hospitals, has been launched to GPs this week.

The ointment contains a vitamin D analogue calcipotriol, and is being hailed as a safe and effective topical treatment for psoriasis. *Leo Laboratories Ltd. Tel: 08444 7333.*

## MEDICAL MATTERS

### Warning call

A call for tricyclic anti-depressants to carry a warning of impaired co-ordination, already used in some European countries, has come from Professor Ian Hindmarch of Surrey University.

In the *Independent* Professor Hindmarch says the side-effects of long-established anti-depressants are an important factor in traffic and industrial accidents. One survey showed that 29 per cent of victims of traffic accidents had taken psychotropic drugs.

Professor Hindmarch urges doctors to prescribe selective serotonin re-uptake inhibitors (SSRIs) in preference.

In *GP* (June 28) Professor Brian Leonard of University College in Galway, accuses GPs of giving depressed patients the tools to commit suicide.

He says SSRIs may prove more cost effective in the long

### THE BRITISH ALLERGY FOUNDATION

THE BRITISH ALLERGY FOUNDATION

*The British Allergy Foundation, launched last week, is the first national charity for allergy sufferers and health professionals. It aims to educate both the public and doctors about all types of allergies, and promote research into their causes. Educational literature suitable for pharmacy display is available from The British Allergy Foundation, St Bartholomew's Hospital, West Smithfield, London EC1A 7BE.*

term. Cost-benefit calculations for TCADs do not take account of the cost of treating overdose victims and the loss of a wage earner in a family.

There has been an alarming increase over the last decade in the number of people in industrialised societies suffering from allergy, according to the British Allergy Foundation.

Each year the number of sufferers appears to increase by 5 per cent while the proportion of susceptible people has reached 40 per cent, says the chairman of BAF, Robert Davies. Hayfever, the commonest allergy, affects 20 per cent of the population.

It is still not certain if the increase represents a greater awareness of allergy or a true increase due to the rising number of pollutants. Yet there is

evidence to suggest environmental chemical pollutants cause increased sensitisation to inhaled airborne pollens.

Between 15 and 20 per cent of children now suffer from allergies, with more children developing allergic asthma than ever before. Exposure to allergens in early infancy may cause an allergy to develop much later on, says a child health specialist.

**The abortion pill RU486 (mifepristone)** has been granted a UK product licence this week. It will be made available later in the year for use in hospitals and clinics under the brand name Mifegyne.

### Allergy escalating

**Sigma** are distributing miconazole nitrate 2 per cent cream in 30g tamper-evident tubes, on behalf of Generics (UK) Ltd. Initial offers are available. *Sigma Pharmaceuticals Ltd. Tel: 0923 50201.*

**Rhône-Poulenc Rorer** have launched Pentacarinat in a ready to use solution. It is indicated in both the treatment and secondary prophylaxis of *Pneumocystis carinii* pneumonia in HIV positive patients. This new presentation contains 300mg pentamidine isethionate in a 5ml aqueous solution. It can be transferred directly into a suitable nebuliser system prior to administration. Pentacarinat RTU comes in a plastic dropper bottle (£16.87). *Rhône-Poulenc Rorer Ltd. Tel: 081-592 3060.*

**Nutricia** are unable to supply Juvela

breads or mixes due to problems with the Swedish suppliers. They are therefore launching an alternative range of Glutafin and Loprofin breads and mixes which are ACBS approved. Further information is available from their Customer Services Department. *Nutricia Dietary Products Ltd. Tel: 081-951 5155.*

**Marcain Heavy** now comes in a five by 4ml ampoule pack, which replaces the four by 4ml size. The price per ampoule remains the same; the price of the pack is £5 trade. *Astra Pharmaceuticals Ltd. Tel: 0923 266191.*

**Golytely** PEG electrolyte gastrointestinal lavage solution is to be available in a sachet presentation which reconstitutes to 1l of solution. *Seward Medical Ltd. Tel: 071-486 7585.*

### Nasal insulin minus irritation

A new formulation of insulin administered as a nasal spray appears to provide adequate blood insulin levels and avoid clinically significant nasal irritation.

These are the results of a small clinical trial, presented at a diabetes meeting in Washington last week, which involved ten patients. It used a formulation developed by Novo Nordisk.

The study compared a dose of soluble insulin administered subcutaneously 30 minutes before breakfast with an equivalent dose

intranasally with the meal.

Peak plasma levels occurred earlier following nasal insulin compared with s/c insulin (35 vs 94 minutes), and levels remained below baseline for a shorter period (1.5 vs 6 hours). This pattern is said to mimic the body's normal response to a meal more closely. One hypoglycaemic episode occurred with nasal insulin and five with s/c insulin.

Commercial availability is at least three to five years away, say Novo Nordisk.



**THIS SUMMER IT'S REALLY  
GOING TO BE POURING**

Sales of SMA\* Ready-to-Feed are hotting up. As the weather gets warmer and mothers get out and about, more and more discover the convenience and quality of liquid SMA, in go-anywhere, feed-anywhere cartons.

SMA Ready-to-Feed does away with mixing up powder feeds. The 250ml size provides a handy trial pack and is perfect for days out. The larger one litre carton contains a whole day's feed and is the ideal size for full time use.

Since launch in 1988 SMA Ready-to-Feed has built a totally new market. And in spite of imitations still enjoys almost 100% of all liquid sales.

This year sales are expected to reach record levels. With premium prices over powder

and the need for increased frequency of purchase, SMA Ready-to-Feed brings more store traffic, revenue and profit to your baby milk business.

SMA Ready-to-Feed is being supported by the largest and most comprehensive publicity and promotional programme ever. So stock up now and watch those mothers pouring in.

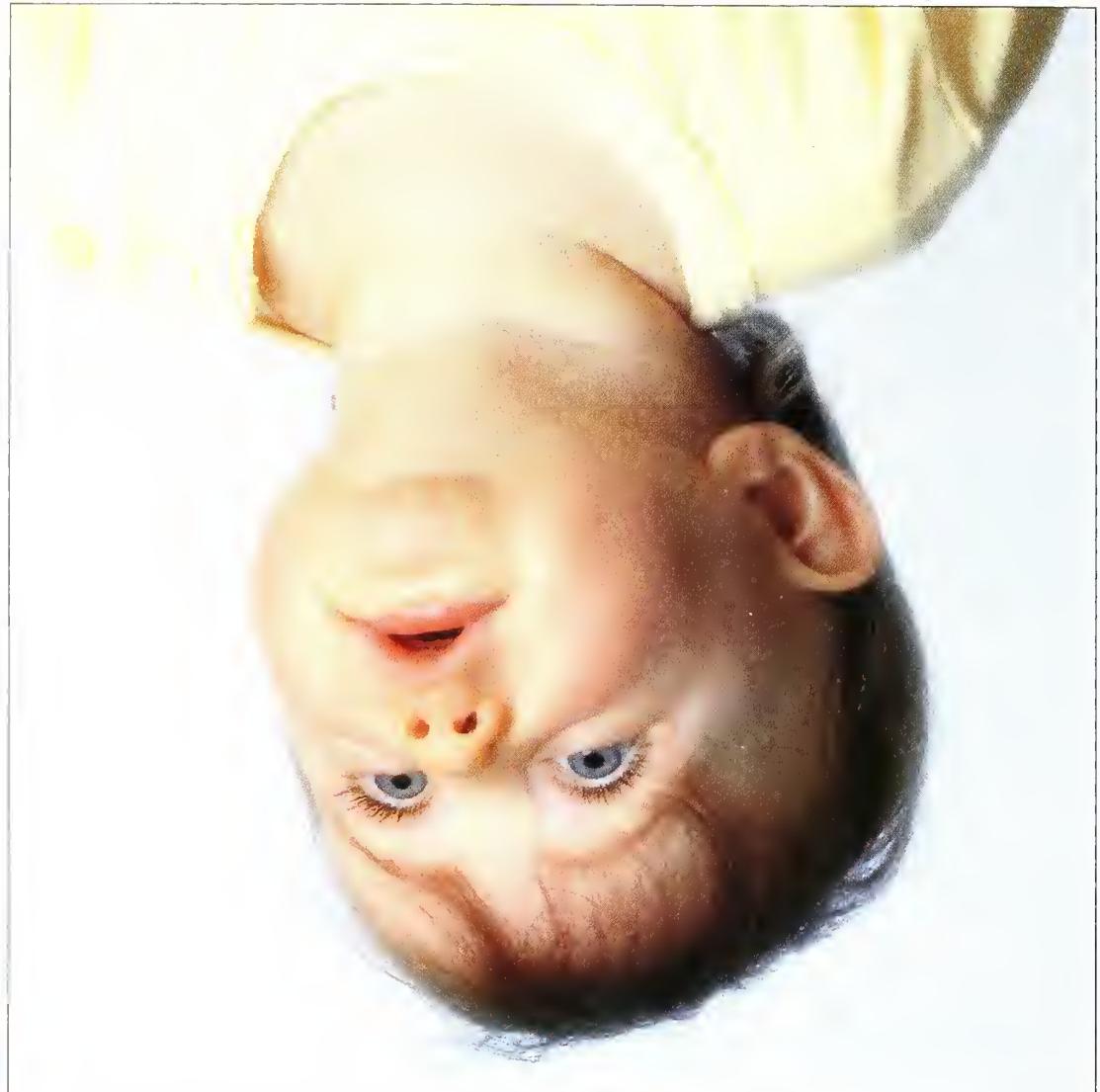
**IMPORTANT NOTICE**

Breastmilk is best for babies. Infant formula is intended to replace breastmilk when mothers do not breastfeed. Good maternal nutrition is important for preparation and maintenance of breast feeding. Introducing partial bottle feeding could negatively affect breast feeding and reversing a decision not to breastfeed is difficult. Professional advice should be followed on infant feeding. Infant formula should be prepared and used as directed. Unnecessary or improper use of infant formula may present a health hazard. Social and financial implications should be considered when selecting a method of infant feeding.



**SMA**  
READY-TO-FEED

**YOUR LIQUID ASSET**



# *We like to look at things in a different way.*

*And it shows in the way we design our products. Where else have you seen a soother like our UltiMaM, with a button front, novel graphics and a ventilated shield with a dimple texture to prevent skin irritation? Is there another nurser with a temperature sensor and*

*leakproof seal? Or one that comes in a range of six colours? And a sterilizer that works in your microwave in just a few minutes? There are MaM teats and breast care products too. All designed with those little extra details that make a big difference.*



# COUNTERPOINTS



## Colgate Acti-Brush to grow mouthwashes

"The most significant breakthrough since fluoride" is how Sarah Hurdman, product manager at Colgate Palmolive, describes Acti-Brush. The company predicts the product will grow the total mouthwash market by "at least 36 per cent".

Acti-Brush is a pre-brushing mouthwash said to help remove plaque and reduce it for up to 12 hours. These claims, say the company, are backed by clinical evidence which shows the product's effectiveness.

Research shows that consumers want a mouthwash that is anti-plaque, long lasting, part of the daily oral care routine, has a good link with brushing, tastes pleasant, gives fresh breath, is effective and has a brand name that can be trusted.

The key to Acti-Brush is the three active ingredients, says the company. Fluoride is present with an antibacterial, triclosan, and a co-polymer, gantrez. The latter acts to bind the antibacterial to the teeth and gums and release it slowly into the mouth, explains Ms Hurdman.

Acti-Brush is available in Cool Mint (blue) and Classic (red) in two sizes, 250ml (£1.99) and

500ml (£2.99). Initially, 3 million 50ml trial sizes will be available, retailing at £0.39. The PET-P bottles are recyclable, have tamper-evident stickers and a built-in dose measure.

Colgate Palmolive's confidence in the brand results from the test launch success in the Borders television area. Acti-Brush became market leader in just 4 weeks taking a 34 per cent brand share, they say.

To support the national launch, £5.2m television campaign will run for six months from early July. The Colgate brand will benefit from a further £4.6m of advertising until December.

A free sample plus 20p money-off coupon will be mailed to 10 million homes and towards the end of the year cross couponing is planned on Colgate toothpaste.

"The dental profession is seen as the key to the long term success of this product," says Ms Hurdman. By the end of the year the company will have visited every dental practice.

The entire package ensures that Colgate Acti-Brush will achieve brand leadership by the end of 1991, say Colgate Palmolive Ltd. Tel: 0483 302222.

## Oral-B launch replacement alert toothbrush

Oral-B Laboratories have launched the Indicator toothbrush which, they claim, is the first major technological advance in toothbrushes since 1947.

Indicator has been developed in response to dental recommendations that toothbrushes should be replaced every three months. Currently, the UK replacement rate is one every ten months and consumers have difficulty recalling when they last changed their brushes, say Oral-B.

Four years of research by the company with Gillette has shown that when toothbrush bristles wear they change from being of uniform thickness to tapering at the top. This discovery, and the development of a patented ring dyeing process, enabled the production of a brush with a blue band of bristles in the centre of the head.

When the brush is new, the colour extends over the full length of the bristles but when they are worn and the brush needs replacing, the colour will fade to only half the length of the bristles.

This is achieved because the blue dye is only present on the outside of the bristles and disappears when they become worn. The dye used is EC approved, harmless and does not stain teeth, say Oral-B.

Assuming average toothbrush usage, the blue band shows the



brush needs replacing after approximately three months. However, the colour is user specific and not time specific. Someone who brushes very lightly won't wear out a brush as quickly as someone who brushes with more force, says brand manager Jenny Wright.

The Indicator (£1.59) is available in two head sizes — the 35 Compact and the 40 Regular. A motif on the handle will reinforce the message of when to change the brush.

The company is planning a £1 million national television advertising campaign in August and September. In addition, consumers who buy two Indicator brushes can send off for vouchers entitling them to a third brush free. Consumer PR will focus on the women's Press, say Oral-B Laboratories Ltd. Tel: 0296 432601.

## Mouth ulcers

Schering-Plough have published a leaflet explaining the mystery surrounding mouth ulcers, aimed at sufferers.

"The secret of relieving painful mouth ulcers" explains what mouth ulcers are and how to make them more bearable.

The leaflet, part of Schering-Plough's £750,000 support programme for Rinsepast pastilles and gel, is available from representatives. Schering-Plough Consumer Health. Tel: 0638 716321.

## Stimorol

Stimorol chewing gum has been updated with a new pack design across the whole range.

The new packs retain the distinctive character of the original design, say Warner Lambert, but different varieties are highlighted. The sugar-free spearmint flavour is now packaged in green while the red "sugar free" flash is retained.

Stimorol will be advertised on Sky's MTV during September, October and November, say Warner Lambert Confectionery. Tel: 061-766 5471.

# NEW COLGATE

## IT'LL MAKE A WORLD OF D



New Colgate Actibrush is clinically proven\* to reduce the build up of plaque.

In the UK test market, it became brand leader and captured 41% of sales in just eight weeks! In France, while still a relative newcomer, it is already the No.1 brand.

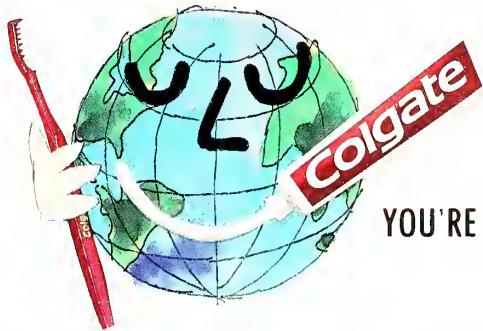
During the test period Colgate Actibrush created dramatic growth in the total mouthwash market. So now, with a launch that's backed by a £5.2 million TV campaign nationally, it clearly offers you an enormous profit opportunity.

# ACTIBRUSH DIFFERENCE TO YOUR SALES



A hard-working mouthwash from the trusted Colgate name  
is what people have been waiting for.

So recommend Colgate Actibrush to your customers as part of their  
daily oral care routine. And splash out and give it plenty of space.



**SMILE**  
YOU'RE SELLING THE WORLD'S LEADING NAME IN ORAL CARE.  
**Colgate**

For further information please contact Colgate-Palmolive Ltd., Guildford Business Park, Middleton Road, Guildford, Surrey GU2 5LZ. Tel: 0483 302222  
\*Reference:- Rustogi et al (1990). Am J Dent 3 S67-S69

# Amplex gets relaunch

Nicholas Laboratories have relaunched the Amplex range of personal freshness products. The range now comprises three "gum protection" mouthwashes, three sugar-free fresh breath capsules and six roll-on anti-perspirant deodorants including a male variant.

The market has been dominated by anti-plaque, antiseptic and fluoride products, says group product manager Jeremy Sharples, but it needed something that did more. Amplex will be going one step further by positioning itself as a gum protection product.

Amplex mouthwash will be available in one size (400ml £1.89) in three variants — Original Strong, Ice Mint and Apple Mint.

In addition, Amplex breath freshener capsules have been relaunched — mirroring the mouthwash variants. Each variant is now only available in two sizes — 40 (£1.09) and 100 (£2.09).

Company research into roll-on deodorants has shown that market penetration is only 34 per cent among men and there is a desire for products designed specifically for them. Nicholas' answer is Blue Ice which joins the



existing five Amplex variants.

To support the new look Amplex, Nicholas plan television exposure for the deodorants and capsules in July with a poster campaign to follow.

For consumers, activities include sampling, a "Smile" oral hygiene booklet, and competitions in the national and regional Press. For the trade promotions through wholesalers will start in August. *Nicholas Laboratories Ltd Toiletries Division. Tel: 0753 23971.*

# SABONA of London

## FREE GOLD BRACELET!

Order 24 SABONA copper bracelets\* OR 10 SABONA gold plated copper bracelets and receive 1 SABONA gold plated bracelet free! (Retail value £25.22).

(OFFER ENDS: 31st August 1991).

Order from our newly appointed SABONA wholesale distributor:

**Maddox Health & Beauty**  
Tel: 081 883 1009/1559  
Fax: 071 409 2958

**SPECIAL  
OFFER!!!**

\* Cost £52.80, R.V. £118.08

# Clearasil gets Zit Zapper in P&G teenage skincare blitz

Procter & Gamble are introducing five products, four into the Clearasil range and one to join the Biactol brand.

Ultra Clearasil Zit Zapper is a Pharmacy product containing 10 per cent benzoyl peroxide in a lotion form (£3.42). It has an applicator — a "pen" which works like a biro, allowing the user to apply it directly onto the spot without affecting other areas.

The other Clearasil products are dual action pads (32s £3.35), which contain 2 per cent salicylic

formula, medicated facewash (150ml £3.75), containing 0.7 per cent phenoxypropanol, and a triclosan-containing moisturiser (100ml £3.25).

The Biactol product is anti-bacterial double action pads (32s £3.35), which contain 2 per cent salicylic acid, anti-bacterial and keratolytic agents.

The launch is being supported with media activity and sampling. *Procter & Gamble (Health and Beauty Care) Ltd. Tel: 0784 434422.*

## Clarins move into cosmetics

Clarins have introduced a range of cosmetics which contain an anti-pollution complex.

This complex is a formulation containing 30 ingredients which Clarins claim "helps to protect skin from today's air pollution". Extra benefits offered include UV filters and infra-red protection. The products are ophthalmically tested and non-comedogenic, say Clarins.

The Clarins cosmetic range is divided into three colour families for easier selection — red, rose and coral. The red harmony works with yellows, reds, greens and browns; the rose harmony complements blues, greys and reds; while the coral harmony goes with pastel and neutral shades.

The cosmetics range comprises matte finish foundation (six shades, 30ml £13.50) for oily and combination skins; satin finish foundation (six shades, 35ml £13.50) for dry skin; loose powder (translucent £17.50); powder compact (three shades, £14); bronzing powder duo (two shades, £14); blusher (six shades, £13.50); eye shadow duo (24 shades, £13.50); eye liner pencil (five shades, £7.25); mascara (four shades, £10.50); lipstick (18 shades, £8.50); lip liner (four shades, £7.25) and nail colour (11 shades, 12ml £8). *Clarins (UK) Ltd. Tel: 071-629 2979.*

Fuji have three new 10 second television commercials to promote their photographic film, continuing the theme of "a different way of seeing things". The campaign runs until the end of August. *Fuji Photo Film. Tel: 071-586 5900.*

## Konica focus on Aiborg

Konica have launched the Aiborg zoom camera, said to be the first camera to have a moving-frame auto-focusing system, enabling the photographer to focus in either the centre, right or left of the frame.

The Aiborg (rsp £209.99) features a "futuristic" black design, and is targeted at amateur photographic enthusiasts. The camera has a 3x power zoom lens and offers 19 selections incorporating four shutter modes, three flash modes, and 12 special modes.

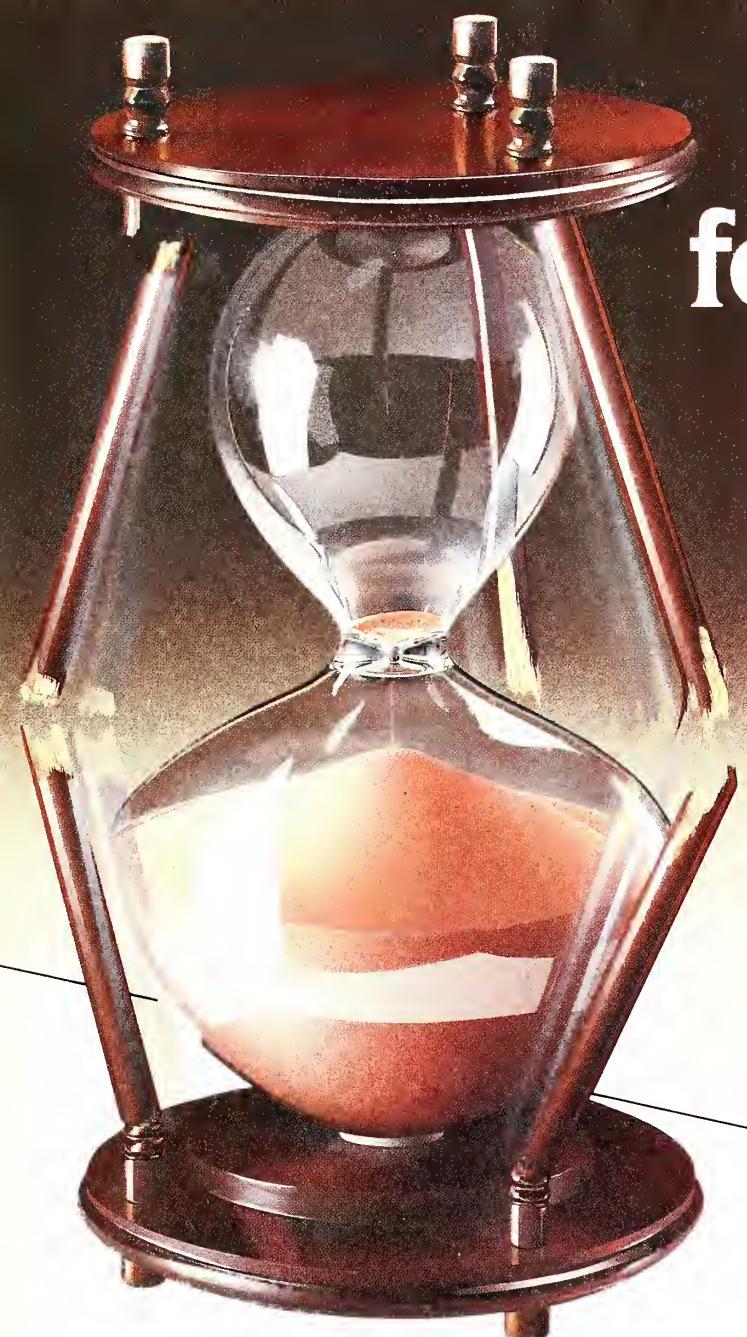
Special modes include night scene, which selects the optimum slow shutter speed down to 6.4 seconds with or without flash; portrait, which automatically zooms the lens to provide consistent framing of subjects within a 1.5-3.5m range; and modes for both television shots and shots against a white background. *Konica UK. Tel: 081-751 6121.*

## Arrid on TV

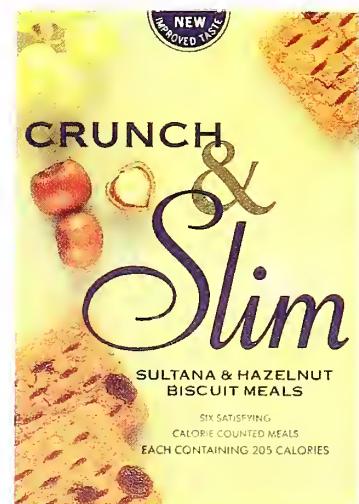
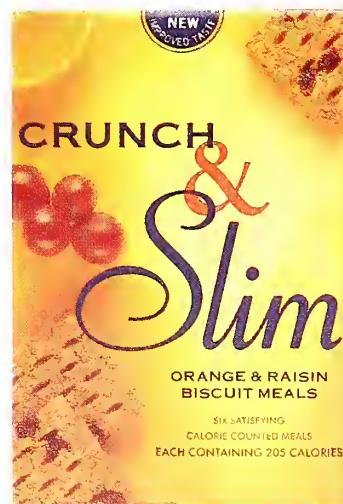
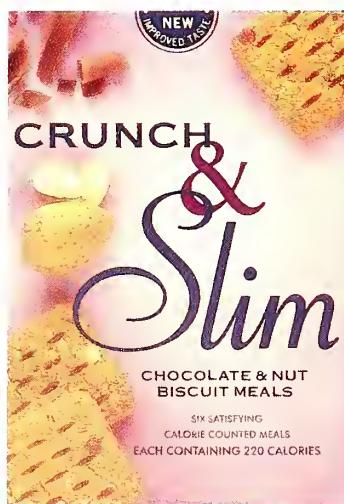
Carter-Wallace have a new television campaign for Arrid, with the slogan "It's not called Arrid Extra Dry for nothing!"

The £500,000 campaign is aimed particularly at younger users and will run in all regions, including Sky, throughout July. It will be followed by a £750,000 campaign for Arrid Essence. *Carter-Wallace Ltd. Tel: 0303 850661.*

**Alberto Culver** are offering consumers 20ml extra free on 200ml sizes of extra or superhold VO5 pump hairspray. The offer runs until the end of September. *Alberto Culver. Tel: 0256 57222.*



for 14 million  
slimmers  
the crunch  
has



- NEW PACKAGING
- CONSUMER ADVERTISING
- NEW SINGLE SERVING
- IMPROVED TASTE

For further information please contact Carole Willmott,  
Crookes Healthcare Ltd., tel: 0602 592983 (24 hour service).



# Nicholas — taking control of feminine pain relief

Approximately 8.4 million women of menstruating age (about 60 per cent of women aged 10-45 years), and about 3 million women aged 18-50 (about 22 per cent of this group) in the UK suffer from period pain and migraine respectively on a regular basis. This data alone should be of interest to pharmacists because it represents a substantial number of people who could be coming into their pharmacies on a regular basis for medication. However, with the continuing trend away from GP consultation for such problems, more significant still is confirmation that approximately 84 per cent of period pain sufferers and 90 per cent of female migraine sufferers take an OTC remedy to relieve the pain and other associated symptoms they experience

## INCIDENCE OF SUFFERING FROM PERIOD PAIN



60% WOMEN

SOURCE: N.L. QUANTITATIVE SURVEY 1990

## INCIDENCE OF SUFFERING FROM MIGRAINE



22% SUFFER

SOURCE: N.L. QUANTITATIVE SURVEY 1990

Yet according to Nicholas Laboratories, whose research has revealed these figures, no-one has yet effectively channelled this massive pool of custom into a single range of trusted and sympathetically marketed feminine-specific pain relief products.

That is until now. This month, Nicholas is taking a series of initiatives to extend its well-established expertise and heritage in period pain relief into this much broader and potentially highly profitable sector.

The starting point is the launch of a feminine pain relief range, building on the established Femimax heritage and understanding of feminine pain. Initially, this will comprise two products — a new look Femimax and a new migraine reliever, Femigraine, designed to appeal specifically to women.

Femimax is already the "number one" specific period pain reliever in pharmacy but the market has a lot more to offer, says product manager Jane Buckley. "There are approximately 14 million women of menstruating age in the UK and over the next 10 years an increasing number of young girls aged 10-14 will come into this category.

"As period pain is probably the first feminine problem they are likely to encounter, Femimax is therefore an ideal way to lock potential customers into a range of feminine-specific pain relief products."

Currently, Ms Buckley says, many young period pain sufferers are medicating with general analgesics which are not formulated to tackle the specific problems associated with period pain — stomach cramps, backache, headache and a general tired feeling. Therefore, as part of the heavyweight launch package for the range, the promotional programme for Femimax will be taking a strong educational route and targeting young girls, their mothers, and the health professionals who are most often involved in talking to teenagers about periods — school nurses.

## Migraine relief solution

With the introduction of Femigraine, which will be the only specific soluble migraine reliever available over the counter through pharmacies, Nicholas aim to exploit a relatively underdeveloped sector of the analgesics market by targeting women.





Although migraine is not just a feminine complaint, twice as many women suffer from migraine as men.

In fact, product manager Jane Buckley is not only looking for Femigraine to recruit new sufferers as they come into the market but, more importantly, to capture the 70 per cent of current migraine OTC medicators who, according to Nicholas' product research, are not satisfied with their existing OTC product — be it a general analgesic or a specific migraine remedy.

Femigraine's double-action formula offers fast, effective relief from migraine headache, and the nausea often associated with it. The Femigraine tablets dissolve in water to form a clear, lemon-flavoured, lightly effervescent drink, which can be sipped and ingested easier than ordinary water even when an attack sets in. To combat nausea, Femigraine contains an anti-emetic which helps control gastric stasis thus allowing the pain reliever to be

absorbed. In this way, Femigraine reduces nausea and allows the pain reliever to work fast.

Together, the two products will be presented in distinctive, bright, new packaging, designed to reflect the medicinal values of the different products whilst creating a range synergy and an empathetic, clearly feminine context. To ensure range awareness and maximise impact in store, the launch package will include attractive point of sale material and consumer information leaflets.

### Extensive launch backing

The launch will be backed by advertising and promotional activity, including an educational press campaign for Feminax and a heavyweight press campaign for Femigraine, plus the launch of two new consumer booklets: one on puberty and periods for teenagers, called "Bodyworks" and the

other called "Managing Migraine" for migraine sufferers.

With the retail selling price of £1.75 for Feminax 20s and £3.29 for Femigraine 16s, both products will offer pharmacists a price premium but, more importantly, the range initiative will provide a strong potential business builder with Nicholas' backing. As women want to take more responsibility for maintaining their own health, Nicholas' research has clearly indentified the opportunity to tie female consumers into a branded range of pain relief products which would offer them continuity of product heritage and trust.

Nicholas is confident about the future for the new range. Commenting, Ms Buckley says: "The Feminax name ensures that we are already perceived as the experts in the field by consumers; by translating that across a broader range of products, I believe that we can really take the lead in feminine pain relief."

## Holiday kit from Uvistat

Windsor Healthcare are supporting Uvistat with a national pharmacy assistant's competition.

Leaflets containing three questions on the brand will be distributed throughout the month. Assistants will have the chance of winning Uvistat products, a beach towel and a compact hairdryer. *Windsor Healthcare Ltd. Tel: 0344 484448.*

## Bradosol promotion

Ciba are pushing their range of throat lozenges, Bradosol and Bradosol Plus, during the Summer.

The promotion features bonus deals for pharmacists on both products, designed to encourage purchase of small refill parcels.

The company is also offering pharmacists a range of audio visual equipment, including radio alarms and cameras. And the free prize draw offers the chance to win a complete home video kit. Further information will be mailed to all independent pharmacists. *Ciba-Geigy Consumer Pharmaceuticals. Tel: 0403 50101.*



*Charles of the Ritz have a new look for their range of cosmetic compacts, including Perfect Finish solo eyecolour, Perfect Finish eyecolour trio, powder blush and pressed powder. The new packs are matte grey and silver with a black interior.*

*Charles of the Ritz. Tel: 071-629 2772.*

**Over the Counter** last week carried a table showing the ingredients of OTC remedies for headache. The ingredient for Panadol was incorrectly given as ibuprofen; it should of course be paracetamol.

## Cow & Gate relaunch with new Savouries

Cow & Gate are relaunching their original babymeals and babydrinks and introducing a new vegetarian range called Savouries.

The original products have new packaging and feature colour coding on the lids and labels aid to display and consumer choice.

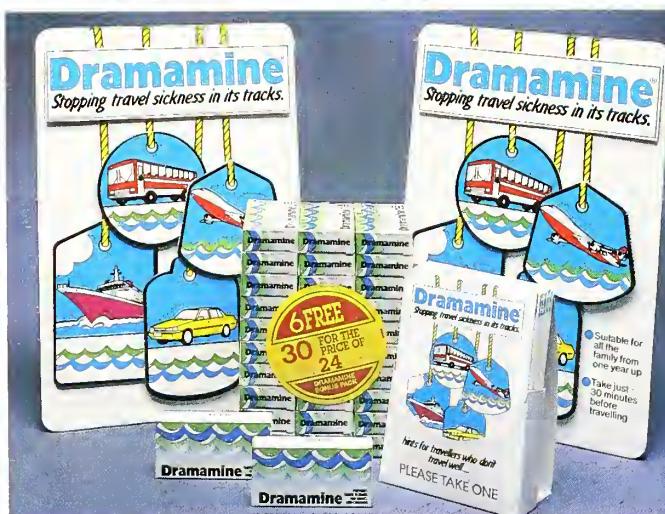
There is also a larger jar size across the range which, gram for gram, results in greater value for money, say C&G. Concentrated juices increase in volume by 17 per cent to 175ml with only a 7 per cent price rise to £0.97, original babymeals stage 1 increase to 150g and are priced at £0.36, and stage 2 are up to 200g for £0.42.

On-pack content and nutritional information, with the "tick system", highlights the main

features of each product. Approval by the Vegetarian Society is indicated on all applicable products.

Other features of the new look include sleeved packaging on babydrinks, and renamed varieties — to reflect accurately the content of each dish (for example, spring vegetables with chicken replaces chicken dinner), say C&G.

The Savouries range consists of six varieties in Stages 1 and 2. These are cheesy noodles with tomato, macaroni cheese, cauliflower cheese, vegetable ratatouille, cheesy vegetable bake, and country vegetables with lentils. *Cow & Gate Ltd. Tel: 0225 768381.*



## Six free Dramamine

G.D. Searle are offering pharmacists six free packs of the travel sickness remedy Dramamine with every outer of 24, while stocks last.

The offer, running from July 1, will give retailers 30 packs for the price of 24. It is available direct from the company, through representatives or from Unichem, AAH, Numark and other wholesalers, subject to

availability, says the company.

A range of point of sale material has been produced including an information leaflet giving tips on preventing travel sickness and ideas for games to play while travelling.

A display stand for the leaflets plus pharmacy showcards and counter dispensers are also available. *G.D. Searle & Co. Tel: 0494 21124.*

## Improved Roc foundations

Roc are introducing new formulations for their moisturising cream foundations and adding one new shade for each. The products now contain tocopherol ester.

A new two-tier counter merchandiser is available with eyecare products — eye make-up remover lotion, gel and eye contour treatment gel. *Roc UK Ltd. Tel: 0273 517704.*

Roc also have a new cross-sampling promotion. A coffret containing Hydra+ 40ml, and a 15ml trial size revitalising night cream is priced £13.54.

Also on special offer are three eyecare products — eye make-up remover lotion, gel and eye contour treatment gel. *Roc UK Ltd. Tel: 0273 517704.*

## Roc step up advertising

Roc are advertising in women's Press throughout the Summer to promote their suncare range.

The slogan reads "Hypoallergenic sun protection to ensure you get the best of the sun" and the advertisement emphasises family use for the products.

The campaign is also featured in posters on 400 sites on the London Underground. *Laboratoires Roc UK Ltd. Tel: 0273 517704.*

## Wash 'n Go with Bic

Bic are giving away 1 million trial size Wash 'n Go shampoos with 10-packs of standard white razors. Special packs will be flashed to highlight the offer. Complete national coverage is expected within the first week of July. *Biro Bic Ltd. Tel: 081-965 4060.*

## Sharp offer

Wilkinson Sword are promoting their Profile razor throughout July, supporting both fixed and swivel variants.

Customers are offered a free razor on purchase of ten Profile Aquaglide blades (£3.36) or £1 cash back off the price of a Profile razor (£2.50). *Wilkinson Sword Ltd. Tel: 0494 33300.*

## July TV for Alka-Seltzer

Alka-Seltzer is back on TV for four weeks from the beginning of July in an advertisement designed to capitalise on holiday season demand.

The familiar "plink plink fizz" theme and the lemon variant are features of the advertisement which highlights the product's effectiveness for holiday over-indulgence in food and drink. *Warner-Lambert Health Care. Tel: 0703 620500.*

**Brolene Eye Ointment:** There has been a change in the formulation; it now contains phenylethanol as preservative. *Rhone-Poulenc Rorer Ltd. Tel: 081-592 3060.*  
**The price of Oral-B's Disney toothpaste** is £1.52 and not as stated in C&D (May 25, p866).

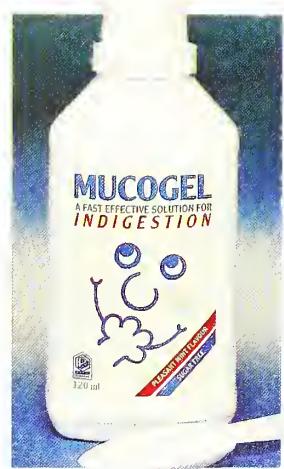


## This will bring a smile to your face.

Following its success as a prescription medicine, Mucogel will soon be available for consumer purchase in new, eye catching 120ml trial size, and 240ml standard size bottles.

Mucogel is an effective, pleasant tasting indigestion remedy that will quickly put a smile on your customers' faces.

And the profit will make you smile too! Because Mucogel will be supported by an extensive National Press advertising campaign, featuring our friendly character... so stock up now... and start smiling!



# MUCOGEL

A fast effective solution for indigestion

# New Sabona distributors

Maddox Health & Beauty have been appointed distributors for the Sabona range, including copper bracelets, medicated plasters and massage oil. The company is offering pharmacists a free gold plated bracelet (worth £25.22) with orders of 24 copper bracelets or 10 gold plated bracelets. The offer runs until August 31. *Maddox Health & Beauty. Tel: 081-883 1009.*

## Extra value Brut

Elida Gibbs are running an extra value promotion on Brut throughout July and August.

Brut Original anti-perspirant, Brut Sportsman anti-perspirant and Brut deodorant will be increased in size from 200ml to 225ml and Brut talc will be double the normal size at 188ml.

A special pack containing 200ml deodorant and 100ml splash on lotion will be available at £3.65. *Elida Gibbs. Tel: 071-486 1200.*

## Lady Jayne on display

Lady Jayne have a new counter display which holds their range of bandeaus, slides and scrunchies. The unit comes complete with a range of hair accessories. All products are individually priced and bar coded. *Laughton & Sons Ltd. Tel: 021-436 6633.*

## UVA stand

Laboratoires Garnier have brought out a dossier on UV protection which, they say, clears up confusion on the UVA issue. The leaflet gives details of their Ambre Solaire range, which now has improved UVA filtration. *Laboratoires Garnier. Tel: 071-937 5454.*

**Feverfew 125** is now being distributed by Health Dynamics Ltd. They will be advertising and promoting the Herbal Laboratories product. *Health Dynamics Ltd. Tel: 0204 24262.*

**Gerard House** are now supplying Kelp tablets in a 100 size (£1.95). They are licensed in the UK to treat obesity. *Gerard House Ltd. Tel: 0202 434116.*

**FSC Addlife** is a supplement which has been specially formulated to safeguard the diet of the over 50s. The capsules (30 £5.10) contain 15 ingredients — vitamins, minerals and herbal extracts —

including vitamin D, peppermint oil, zinc, beta carotene, vitamin C, rutin, echinacea and salmon oil. The recommended dosage is one capsule daily. *Health & Diet Food Company Ltd. Tel: 0483 426666.*

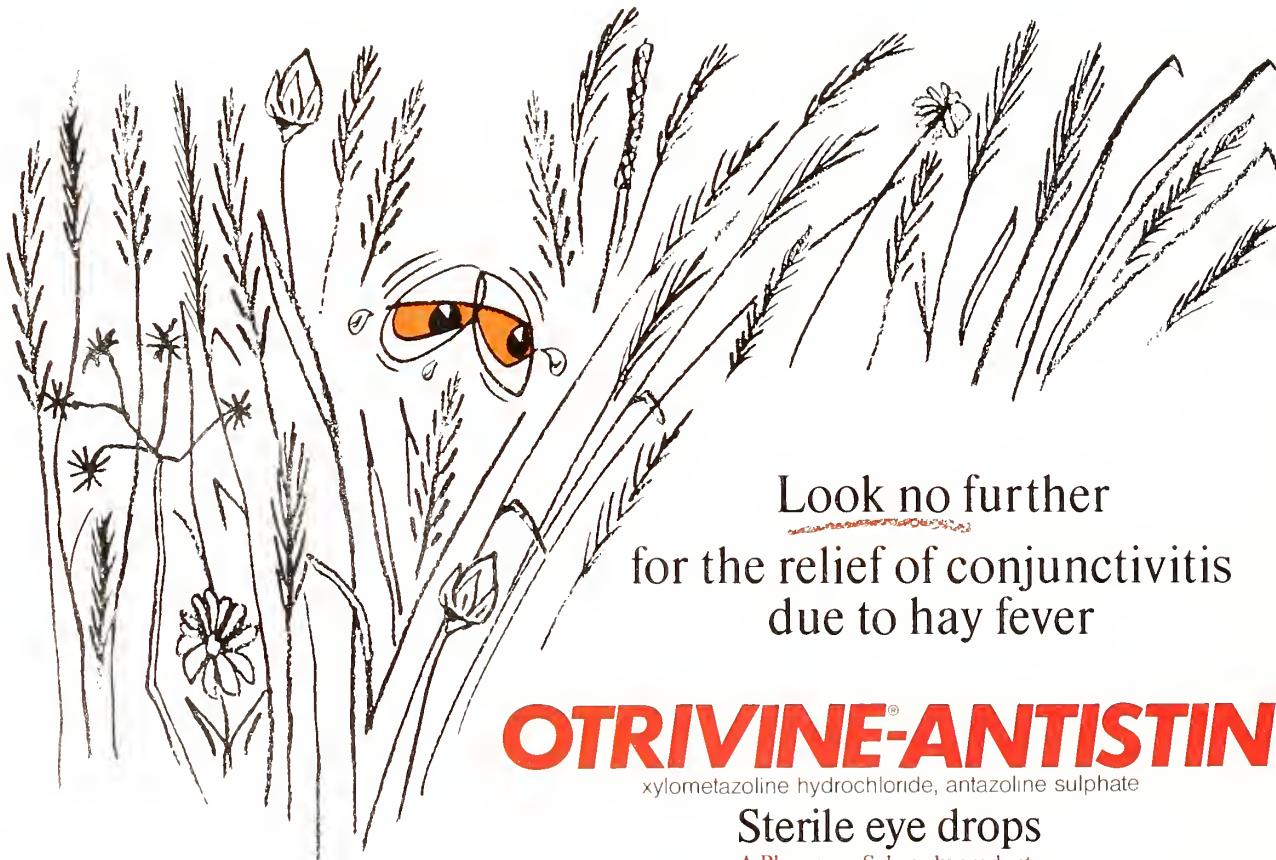
## ON TV NEXT WEEK

GTV Grampian  
B Border  
BSB British Sky  
Broadcasting  
C Central  
CTV Channel Islands  
LWT London Weekend

C4 Channel 4  
U Ulster  
G Granada  
A Anglia  
TSW South West  
TTV Thames Television

TV-am Breakfast Television  
STV Scotland (central)  
Y Yorkshire  
HTV Wales & West  
TVS South  
TT Tyne Tees

<b>Alka Seltzer:</b>	All areas
<b>Anadin Extra:</b>	U,STV,C4 & TV-am
<b>April:</b>	All areas
<b>Brylcream Black:</b>	All areas
<b>Clorets:</b>	TTV
<b>Cow &amp; Gate Olvarit:</b>	All areas
<b>Impulse Bodyspray:</b>	All areas except TVS,TV-am & Sky
<b>Libra Bodyform:</b>	All areas except CTV,LWT, TTV & C4
<b>Listerine/Coolmint:</b>	All areas except U,Y,C,CTV,C4 & TV-am
<b>Nicorette Gum:</b>	U,STV,G,TVS, & LWT
<b>Oxy:</b>	All areas except C,HTV
<b>Pearlouise "Ultra T":</b>	All areas
<b>Sensodyne Toothpaste:</b>	All areas
<b>Slim-Fast:</b>	All areas except G,Y,A,CTV, & TT
<b>Sure for Women:</b>	All areas except TVS,TV-am & Sky
<b>Wrigley's Extra/Orbit sugar-free chewing gum:</b>	G



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due to hay fever

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1986 Grey Hair

1987 Grey Hair

1988 Grey Hair

1989 Grey Hair

1990 GREY HAIR

**Don't miss out on the dynamic growth  
of the grey hair market – up 200% in 5 years!**

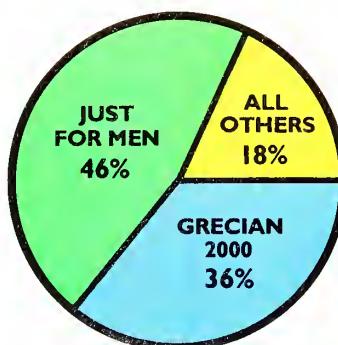
The grey hair market has consistently shown a healthy growth – up 200% over the past 5 years. Combe, with 80% of the market, anticipate even stronger future growth and WILL BE SPENDING £1½ MILLION ON ADVERTISING GRECIAN 2000 and JUST FOR MEN IN 1991.

#### Grecian 2000

REGISTERED TRADEMARK

GRECIAN 2000 gradually gets rid of the grey – some of it or all of it – without anybody noticing. Available in Lotion or Cream.

Also **Grecian Plus** The total treatment for grey, thinning hair – gets rid of the grey and builds thicker, fuller hair.

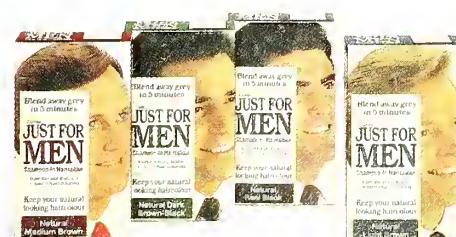


The grey hair market is showing dynamic growth. And products from Combe are the market – with over 80% share.

#### JUST FOR MEN

TRADEMARK

JUST FOR MEN blends away grey in 5 minutes – without changing the natural colour. The 5 minute shampoo-in hair colour with a unique blending-in action to give the most natural-looking results.



Combe  
international ltd.

17 Lansdowne Road, Croydon, Surrey CR9 2AU. Tel: 081-680-2711. Telex: 946444. Fax: 081-680-9133

# Demonstration area among innovations at Chemex '91

One of the innovations at this year's Chemex, to be held at the Wembley Exhibition Centre, September 29-30, will be a special demonstration area for exhibitors to give talks on various subjects of interest to pharmacists and their assistants.

The following are some of the companies intending to take part in the demonstrations: **Lundbeck Ltd**'s Graham Waters will talk about how to set up effective "giving up smoking" programmes for pharmacy customers.

**A. Nelson & Co** will cover how homoeopathy began, how to identify symptoms and how to recommend the correct remedies.

**Sterling Health**'s presentation will be given by their medical adviser Dr Sandra Savage, who will discuss the anatomy of the gastro-intestinal

tract, common disorders and their treatment.

Ghislaine Johnson, brands development manager at **Windsor Healthcare** will talk about the importance of sun care and the potential dangers of the sun to the skin.

**Montagne Jeunesse**'s production development manager Jolanta Lassota, will give a presentation on ingredient changes and labelling of "cruelty-free" toiletries, and the relevance of this to the community pharmacy market.

Mike Haynes of **Tisserand Aromatherapy** will discuss aromatherapy oils and their uses in everyday life, where the oils come from and how purity can be ensured. Visitors will also have the chance to win a starter kit consisting of ten essential oils (worth £83 rrp) if they correctly identify an oil by its smell.

## Whitehall Laboratories'

Jeff Hodge will give a presentation on the changing role of the pharmacy assistant.

Nigel Brown, regional manager for **Brita (UK) Ltd**, will consider the role of water filters in treating domestic drinking water.

Chris Palfre, **Gretag Ltd**'s sales manager, will talk on current trends in the minilab photo-processing market, the future of minilabs and on-site and industrial photo-processing.

**John Richardson Computers** will give a presentation on how EPoS can mean extra profit on sales for the pharmacy of the future.

**Max Factor** will give a make-up demonstration.

Demonsations of **Perfectly Simple** nail extension products will take place on the company's stand.



**29-30 SEPTEMBER 1991**  
**WEMBLEY EXHIBITION**  
**CENTRE · WEMBLEY**

Smile effervescent oral rinse tablets and Refit temporary tooth cement. The company will also be showing its Good Knight insect repellent bed sheet (£9.50), a disposable cotton sheet treated with chrysanthemum plant extracts to repell bed bugs, cockroaches, lice, fleas and mosquitoes. The sheet is available from Touring Sport (tel: 0705 528711) or from Shopfield Ltd (tel: 081-550 4933) — minimum order 15 sheets.

## New faces

Several companies are exhibiting at Chemex for the first time this year. Among them are **Medicopharma**, **Lagap Pharmaceuticals**, **Robinson Healthcare**, **Davina Health and Fitness**, **Cussons** and **Max Factor**.

**Lagap** will be showing a new range of OTC products, licensed herbal remedies, and other generics will be launched during the show.

**Davina Health and Fitness** are targeting pharmacies with a range of health food supplements developed for these outlets, while **Pharmadass Ltd** will launch a range of bath and massage oils.

**McQuinn and Phillips Ltd** are introducing dietary supplements for infants and mothers and welcome approaches to discuss UK distributorships. Nutrition Mix (NM-1) provides most of the essential nutrients needed for good health, they say, while Nutrition Mix (NM-2) provides nutrients needed by pregnant women and breast-feeding mothers.

The diagnostics market is gaining momentum, with companies such as **Boehringer Mannheim** and **Anglo European** both planning to show new products.

**Savegreen's** own range of hair accessories, Giorgio J, takes

on a Scottish theme for the Autumn, with the accent on tartans and heathers. Party lines are in black and gold, and lace. A new range of classical, quality cosmetic bags being launched at Chemex will have an added 10 per cent bonus on orders taken at the exhibition.

Also on the Savegreen stand will be **Carl Everts (Solingen)** manicure and pedicure sets, and the new Winter collection of mirrors and toiletry accessories from **Giorgio Janeke (Milano)**.

**Original Additions** will be using Chemex to display this year's Christmas lines for the first time. From Elegant Touch come new Perfect Partners (nail colour and matching lipstick in four shades) and Pava gift boxes containing floral bath foam and soaps. There will be new Elegant Touch treatments, plus additions and extensive repackaging for Pinaud men's hairdressing range. Special show discounts will be available.

To mark their growth into EPoS, **Adam Business Systems** will be launching the Casio SA-100 scanning system, which they claim can be adapted for use in most retail environments.

**John Richardson Computers** have been refining and developing the new pharmacy specific EPoS systems — JRC-POS — ready for hands-on experience at Chemex. The new "modular concept", which

enables pharmacists to select from a choice of features to devise their own tailor-made JRC dispensary system, will also be on show at the exhibition for the first time.

**Tisserand Aromatherapy** will introduce four new shampoos and conditioners, while **Montagne Jeunesse** will launch a range of toiletries plus new "Endangered environments and species" gift sets which will have an international conservation message.

**Giftware from Sheer Indulgence** includes vegetable soaps in a wide variety of shapes and colours, with special Christmas items, a range of Christmas toiletries gift packs starting at £0.42, and tissue box covers in "fun" shapes and colours.

**Bay & Vissing (UK) Ltd** will be introducing their oral hygiene range, Tandex, to the UK at Chemex. The range comprises toothbrushes, dental floss and tape, interdental wood sticks and interdental brushes.

Other companies to watch for new product launches are **Elida Gibbs** and **Rimmel International Ltd**.

As usual at Chemex, several companies will be offering discounts and other incentives. Among them are **GAP Research Co Ltd**, who will have a special introductory case containing four packs of each of their oral care products — Tooth-fil, Rinse N

## Photos to the fore

The photographic industry will have a strong presence at this year's Chemex. **Gretag** are offering free processing of any one colour film (12, 24 or 36 exposures) on their Master Lab, claimed to be the world's first high quality colour micro-lab for enlarging photographs. It handles all popular film sizes and prints up to 8x12 ins.

Two new designs to be exhibited at Chemex are a quick negative loading system and a convenient, clean chemicals handling and disposal system which the company believes meets today's environmental demands.

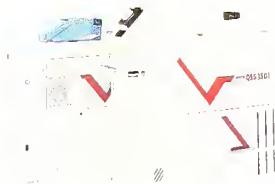
**Kodak** have a new promotion which will be seen for the first time at Chemex and they will also be demonstrating their new concept in photography — Photo CD — which gives photographers the chance to view their pictures on television, and to zoom in and crop them on the screen.

**Colorama** will be giving details of their services as they launch into a nationwide development programme, from their base of 1,200 pharmacies and photo-dealers in London and the South East. Laboratories will open soon in the Midlands.

Once again, Chemex is organised by MGB Exhibitions and sponsored by **Chemist & Druggist**. Opening hours are 10am-7pm on the Sunday and 10am-5pm on the Monday.



# NOW YOU DON'T HAVE TO GO TO HOLLYWOOD TO GET AHEAD IN THE FILM BUSINESS



At 1.2 billion pounds a year, the photographic market in Britain comes second only to gardening as the growth market of the nineties.

As a way of boosting business dramatically, building on a garden centre does, of course, present problems.

Installing one of our compact QSS mini-labs doesn't.

Taking up the minimum of space and with the minimum of operator involvement, they're tried, tested and proven to deliver maximum film/print size flexibility, throughput, and profits.

To find out more about getting ahead in the fast growing fast film business, forget all about Hollywood.

Simply call us on 0908 371100.

Or make tracks for Milton Keynes and call in and see us in person.

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 **QSS**

For more information about our OSS Mini-labs, OSS Training or the OSS before, during and after-sales service, call us on 0908 371100 or fill in the coupon. If you'd like to visit us at Milton Keynes you're more than welcome, or if you'd like one of our Sales Consultants to call on you just let us know.

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CD/ST/6



LAND'S END

JOHN O' GROATS

# This Summer, we'll be going out of our way to promote your business to the man on the street.

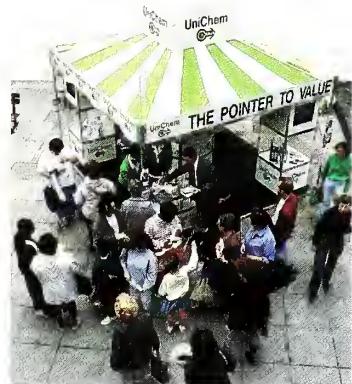
Remember we promised to help you build your business throughout the year? Well, true to our word, we've come up with yet another great new idea to get more customers through your doors.

During the months of July and August, we're staging a series of spectacular Roadshows throughout the country.

We'll be erecting our stand slap bang in the middle of major shopping precincts and train stations, and stocking it full of own brand products as well as those of the following manufacturers.

## Roadshow '91

MANUFACTURER	PRODUCT
BAYER	ALKA-SELTZER
KODAK	FILMS & DISPOSABLE CAMERA
GILLETTE	SENSOR RAZOR
WILKINSON SWORD	SKIN SOLUTIONS
ARISTOC	TIGHTS
SANOFI	WASPEEZE/BURNEEZE
PROCTER & GAMBLE	WASH & GO
PEAUDOUCE	NAPPIES
BEECHAMS TOILETRIES	DENTAL CARE/HAIR CARE
UNICHEM OWN BRAND	VARIOUS PRODUCTS



As well as free samples we'll also be giving away money-off coupons which, of course, can only be redeemed at UniChem chemist shops. And the only thing you have to do to cash in on all this free publicity is to make sure you display the free window posters you'll soon be getting.

So make the most of it. Because no matter where in the country your pharmacy is located, this latest promotion will put you right in the middle of the high street.

For free!

**UniChem**

**HELPING YOU BUILD YOUR BUSINESS THROUGHOUT THE YEAR.**



# VERY SOON SOMEONE WILL TRY TO SELL YOU A NEW HOME PREGNANCY TEST.

## HERE ARE 3 SIMPLE QUESTIONS YOU SHOULD ASK THEM.

1 Does the customer have to collect and decant her urine into a glass before she can use the test?

YES

NO

2 Does the customer have to make sure the urine level in the glass is accurate to within 1 cm?

YES

NO

3 Is it as simple, as reliable, as quick and as hygienic as Clearblue One Step? (We'll lend a hand with this one.)

YES

NO



THE ONLY ONE STEP TEST



**CLEARBLUE**  
ONE STEP

THE WORLD'S SIMPLEST  
HOME PREGNANCY TEST

# Locums — an NPA view

Although our manufacturing base has been eroded and we are perhaps becoming a nation of small businesses, we have not yet returned to the nation of small shopkeepers as viewed by Napoleon, nor have we resurrected serfdom or slavery. We are still a free country: no man is obliged to become the servant or employee of another if he does not wish to. No legislation has been proposed to change this state of affairs and, not surprisingly, none of the political parties have expressed any intention of making such changes.

Pharmacists, too, have the right to be self-employed! They are entitled to form their own businesses, offering their professional services to those who are prepared to buy them. They are free to offer those services to as many or as few customers as they choose, and as frequently or regularly as they choose.

The Inland Revenue cannot take away these basic rights. What it can do — and what it has done over the years — is to challenge the conditions and arrangements whereby self-employed services are offered. The Revenue will seek to claim

that certain contractual arrangements or working practices indicate the presence of a contract of employment and deny the existence of a genuine self-employed relationship. As a result, it will seek to obtain payment of tax under PAYE rather than under Schedule D.

When any such dispute arises with the Inland Revenue, the matter must ultimately be settled in a court of law. Each case is then decided upon the evidence produced, and in accordance with the precedence of established case law. It should be understood that there is no presumption of law in favour of the Inland Revenue. Regrettably, the last fact is not usually communicated to taxpayers by the Inland Revenue. Many of our members submit to "rulings" and "edicts" issued by local inspectors of taxes, and many pay assessments of back taxes in respect of locums, merely because they are not aware of their legal rights.

The National Pharmaceutical Association drew up, many years ago and with the assistance of counsel, a "standard locum engagement form". This document contains a number of

clauses and conditions which clearly establish the self-employed status of the locum, and evidence the intention of both parties to the agreement that there shall not exist any contract of employment. This engagement form was submitted to both the Inland Revenue and the DHSS, at national level. Both these bodies agreed that locums engaged strictly in accordance with the NPA locum engagement form should properly be treated as self-employed. They did, of course, reserve the right to investigate the facts in each case.

Despite this national agreement, the NPA has for many years fought members' battles against local inspectors of taxes who, acting on their own initiative or in accordance with missives received from district, regional or special Inland Revenue units, have latched on to one or other of the many legal factors which are taken into consideration by the courts in deciding employment disputes.

Recent examples of criteria used by various inspectors are:—

1. Locums standing in for the proprietor may be treated as self-employed but those standing in for employees must be placed on PAYE.

2. Locums who have keys to the premises or who serve in the shop shall be placed on PAYE.

3. The most recently reported instance is one whereby locums, working the same day each week for more than a month for the same person, shall not be treated as self-employed.

This last item has the least legal standing of any of the arguments. If the self-employed conditions are the same this Monday as they were the previous Monday, then the legal status has not changed. The passage of time does not change legal status.

It has been reported that Boots have informed the Inland Revenue that any locums engaged in their business will be treated as employees and subjected to PAYE. This, too, is a perfectly legal arrangement, and locums may accept such employment. This, however, in no way precludes other pharmacies from arranging their affairs in a different manner and contracting with self-employed locums.

Despite the recent Press coverage, the law has not changed and the NPA will continue to support, against any claims for PAYE from Inland Revenue, those members who engage locums in accordance with the NPA locum engagement form.

**Brian Dosser**  
Finance officer, NPA



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▶ PROVIDES SYSTOLIC/DIASTOLIC AND PULSE RATE READINGS AT THE TOUCH OF A BUTTON.

▶ ACCURATE, RELIABLE AND EASY TO USE.

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I would like to know more about how these products can benefit both my customers and my business.

Please contact me to arrange a demonstration of a Pressure Check machine in my pharmacy.

Please contact me to arrange a demonstration of a weighing machine in my pharmacy.

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Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

# Stocking sizzlers

**With a typical British Summer in full force, it isn't too hard to imagine that Christmas will soon be upon us again. Despite the much-publicised recession, manufacturers are still coming up with more than enough novelties to fill those stockings! C&D previews what's on offer**

Will the public still throw caution to the winds and have their usual spending spree this Christmas, in spite of an even tougher year than the previous one? Judging by the number of tempting new gift sets manufacturers are producing, the trade is obviously betting that they will.

At Richards & Appleby marketing executive Kevin Stephenson predicts a better Christmas than last year, when consumers left buying until the last minute. His advice to pharmacists is "Buy stock which you know you can sell, but don't leave it as late as last year — you only get one chance to make that sale."

He advises getting stock on-shelf in about September, so people can get a feel for the new products.

At Jackel International they believe "more and more chemists want to go into the Christmas gift market, but they don't want to commit themselves to large quantities of

stock. They want to offer their customers a variety of goods."

Elida Gibbs say they are launching their biggest ever Christmas gift pack programme this year. Last year, they say, consumers spent £153m on fragrance gift packs, an increase of 24 per cent on '89. However, the women's sector was worth £107m and the men's just £46m. According to product group manager Steve Miles, the reason the male market isn't keeping up is lack of innovation. So Elida Gibbs are introducing a sports video in their Brut gift pack this year and a cassette in their Hero pack. The Denim gift packs contains a motor racing diary and a stopwatch.

At Yardley brand development manager Angela Hart believes we are in for a "mid-market Christmas" this year, but not a mass market one. The company's major sales period is still Christmas, although many more people now purchase gift-type toiletries for

themselves.

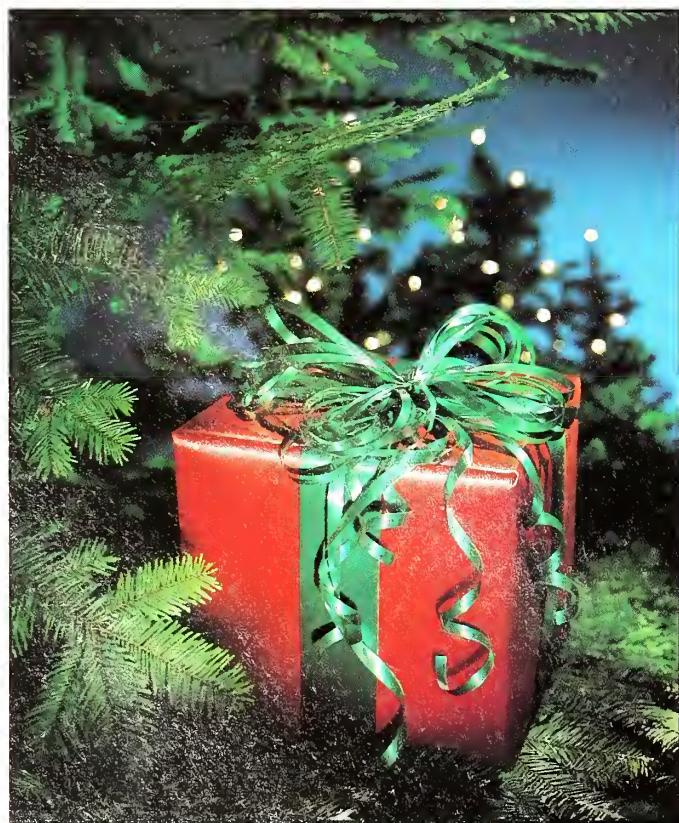
A recent survey revealed that the most popular Christmas gift made by women was flowers, followed by fragrances, while men said they would buy flowers, then chocolates and then fragrances.

Both Yardley and Richards & Appleby believe good presentation and packaging is imperative in the gift market. Ms Hart at Yardley says a good yardstick to measure by when producing a new pack is to ask "would I buy this myself?" If the answer is "no", then a rethink is necessary.

At Letheric marketing manager David Allan knows Christmas is a crucial time "If you can't get it right then, you won't have much luck during the rest of the year", he believes. With innovation in mind — very important for sales, says Mr Allan — Letheric have a new fragrance, Fleur, they're relaunching Panache and giving a totally new look to the Morny range.

Bath additives, shower gels, body lotions and body sprays are popular items this year as well as skincare selections. Travel size kits and packs of products for the home, such as wardrobe sachets, room sprays, drawer liners and pot pourri are also popular.

It is undeniable that shoppers are drawn initially to attractive packaging and display. Although space is always at a premium, it will pay off to put extra effort into your Christmas displays, both in-store and in the window.





1. *Cachet*'s Christmas line-up includes two gift coffrets: the Petit Cadeau comprises 15ml EDT spray and a silver plated heart locket on a 24in chain (£8.95); the Cadeau comprises 30ml spray and silver plated oval photo frame (£8.95). *Cachet* spray comes as a tree novelty containing 10ml spray (£2.99) or wrapped with a gift tag (15ml £5.06; 30ml £8.12). The gifts will be advertised in women's Press. *Rimmel International*. Tel: 071-637 1621.



2. *Noir* gets an overnight wet pack this year, a designer toiletry bag holding 30ml aftershave lotion, a 100ml creme shave and 125ml APD spray (£16.95). Also new is the *Noir* designer sock set, containing a pair of black socks with the *Noir* logo and a 75ml aftershave (£12.95). The gifts will be supported by Press advertising this Autumn. *Rimmel International*. Tel: 071-637 1621.



3. *Adidas* has two sporting offers for Christmas. Golf essentials contains 50ml cologne, two golf balls and a navy face cloth (£8.50). Squash essentials comprises 50ml after-shave, squash ball and towelling wrist band with the *Adidas* logo (£8.50). Other packs include travel essentials, a travel bag containing 50ml cologne, 75ml deo spray and battery-operated travel shaver (£9.95), an eau de toilette and wrist wallet pack (£4.99) and an aftershave and sports wallet pack (£3.50). *Lentherie Morny*. Tel: 0276 62181.



4. *Corvette* gets three new gift packs this season, all below £5. Aftershave pack (£2.49) contains 100ml aftershave and two soaps; bath collection contains 100ml shampoo and conditioner, 50g talc, two soaps and a sponge (£3); toiletry tankard comprises blue flannel, glass tankard, 50ml shave cream, razor, comb and soap (£4.99). *Eagle Ross Group*. Tel: 0686 625948.



5. *Richards & Appleby* have attached cards to their gift packs this year — so they don't even need wrapping! Country Fragrance comprises octagonal gift set (£5.10), bodycare set (£5.59), hand and body set (£2.05), soap pack (£2.05) and home fragrance set (£8.16) containing drawer liners, pot pourri and room spray. Just Desserts gets a

range of three gift baskets (£6.99-£10.99). The new Fantaseas range comprises four gift packs (£1.55-£3.55) with bath oils and soaps. Natural History collection, which donates to the World Wide Fund for Nature, has a pine rack holding loofah, bath oil, shampoo and body milk (£10.99) and a mini basket (£9.99). *Richards & Appleby*. Tel: 0695 20111.

6. *Woods of Windsor* have an elegant selection of gift packs, including this one containing 100ml hand cream, bath and shower gel, talc, soap and face cloth. For men they have a range of gift boxes and a travel bag containing aftershave, shampoo and soap. *Woods of Windsor*. Tel: 0753 855777.

7. The new look *Slazenger Sport* has two gift packs for Christmas, said to appeal to 16-30 year olds. The travel kit contains 100ml shampoo/conditioner, 125g talc, 75g deodorant stick (£6.29). The all over body kit comprises 200ml shower gel, 150ml APD and 125 talc (£4.45). *Smithkline Beecham Personal Care*. Tel: 081-560 5151.

8. *Brylcreem Black* gets a black travel bag containing shave foam, shower gel and styling gel (£6.29). This year the *Brylcreem Black* socks are teamed with body splash and styling gel (£6.99). And for Original fans, *Brylcreem Original* has a travel bag containing 140ml hairdressing tub, flannel and comb (£4.99) and a drum containing tub, flannel, comb and socks (£5.99). *Smithkline Beecham Personal Care*. Tel: 081-560 5151.

9. *Morny* has a new look for Christmas. The new packaging, reminiscent of English countryside, will be on all five variants. Gift sets include luxury bath packs containing two bath cubes, 12 mini pearls and a face cloth (£3.75); pleat wrapped soaps in duos (£2.99) and six guest soaps (£3.95); 100g soap and soap dish (£4.95); cosmetics bag containing mini foam bath and soap (£3.95); and a wicker basket with 50ml spray, foam bath, soap, two bath cubes and a face cloth (£7.50). *Lentherie Morny*. Tel: 0276 62181.

10. *Jackel International* feature Bassett's Jelly Babies on their children's hot water bottles this year. They come as four different characters and conceal a pouch which holds a 2-litre bottle. They retail at £11.99 each (including bottle) and are being supplied in packs of four from September. *Jackel International*. Tel: 091-250 1864.



10

11. *Celsius International* claim to solve the problem of gifts for men, with three boxed sets. The body kit contains shaving mug, razor, flannel, 150ml body spray and 50ml shaving creme (£6.35). Twin sets contain 250ml shower gel and 200ml anti-perspirant (£3.69) or 50ml aftershave and 150ml body spray (£5.85). *Celsius International*. Tel: 071-377 5000.



11



12



13



16



14



15



13. *Bronnley* claim to cater for small to big-time spenders this year. New for the Rose Geranium collection is a range of cotton print accessories. A holdall, including body lotion, bath foam, soap and face cloth retails at £14.95. The beach bag, which is waterproof, contains bath foam, body lotion, talc, soaps and a face cloth (£24.95). Camellia gets a 3-tier drawer pack (£14.25) and travel pack (£9.25) and Victorian has a range of painted tin boxes (£2.95-£10.95) containing soap, face cloth, bath foam and body lotion. *H. Bronnley & Co.* Tel: 0280 702291.

14. *Max Factor* have introduced cosmetic and toiletry bags to hold their Le Jardin and Le Jardin d'Amour ranges this year. A grey and white bag contains 17ml EDT and 100ml shower gel (£7.95). Le Jardin d'Amour has a similar set comprising toiletry bag, 17ml EDT and 100ml bath gelee (£8.95). *Gemmesse* has three gift packs (£4.99-£8.50) and *California* has a set comprising 30ml EDT and 200ml hair and body shampoo in a travel bag (£9.95). *Max Factor*. Tel: 0202 524141.



15. *Dana's Tabu* has a selection of colourful gift ideas for Christmas. Packs include 15ml spray and two 85g soaps (£2.75); red basket holding 150ml foam bath, 150ml hand and body lotion, soap, two bath cubes and six bath pearls (£4.95); 25ml spray, cosmetic box containing eye shadow, mascara, lipstick and nail polish (£6.95); 50ml eau de parfum spray and pearl necklace (£7.95); 50ml eau de cologne spray and gold mesh purse (£9.95). *Perfumery Agencies Ltd.* Tel: 081-646 0344.

16. *Wilkinson Sword* are offering 24ct gold plated Royale (£9.99) and Kompakt (£14.99) razors. The Royal has a fixed head and the Kompakt has a swivel head. *Wilkinson Sword Shaving*. Tel: 0494 33300.

17. *Procter & Gamble* promise extensive support for the Shulton range, including a television campaign. Gift sets for the best-selling Old Spice range from £3.69-£10.99 this year. They include a deodorant and shower gel set (£3.69); 75ml after shave lotion and deodorant (£5.69); Old Spice toilet bag holding body spray, talc and aftershave lotion (£10.99). *Procter & Gamble*. Tel: 0784 434422.

18. *Procter & Gamble* offer two new Mandate gift sets: 150ml body spray and 50ml after shave lotion (£10.99); Mandate toilet bag holding anti-perspirant, 50ml after shave lotion and beige flannel (£14.99). Gift sets for Insignia include body spray, shower gel, after shave lotion, stick deodorant, talc and shampoo, with prices ranging from £3.29-£9.99. For Rapport gift sets include 30ml eau de toilette, 100ml body spray, 50ml after shave gel (£14.99). New packs for Blue Stratos include 50ml after shave lotion, 125ml shower gel and 75ml deodorant (£6.65). *Procter & Gamble*. Tel: 0784 434422.

19. New for *Fenjal* is the Classic Collection gift box. In newly redesigned packs, it contains 45ml creme bath and 100g talc (£5.38). *Fenjal* is being supported by advertising in women's magazines. *Smithkline Beecham Personal Care*. Tel: 081-560 5151.

20. *Tisserand Aromatherapy* have two relaxing gift sets for Christmas. Pure Relaxation contains massage lotion, bath soak, vaporising ring, lavender and evening primrose soap and lavender essential oil (£24). Pure Romance comprises sensual massage oil, bathsoak, vaporising ring, ylang-ylang and peach kernel soap and ylang-ylang essential oil (£26.05). *Aromatherapy Products Ltd.* Tel: 0273 412139.

21. The no 2 mass market male fragrance *Brut*, endorsed by "Gazza", has updated packaging for this year's gift sets. The Brut Sportsman's pack contains 100ml aftershave and a video entitled "33 great sporting moments," including commentary by "Gazza" and Henry Cooper (£10.99). Other gift packs include 100ml after shave and 200ml deodorant (£5.95); 200ml deodorant spray and 125g talc (£3.25). The Lynx Christmas collection comprises a travel bag pack (£11.99), a razor pack (£8.99) and a shower gel and body spray set (£3.69). *Elida Gibbs*. Tel: 071-486 1200.

22. *Denim* gets new packaging this year. Gift sets include Denim motor racing set containing 100ml aftershave, motor racing diary and stopwatch (£5.99); 150ml deodorant, 100g talc and 200ml shower gel (£4.59); 150ml deodorant and 100g talc (£2.99). For Hero there is a travel bag holding aftershave and body spray (£10.99); 75ml aftershave and Hero Collection cassette (£7.99); body spray and shower gel (£4.75). *Elida Gibbs*. Tel: 071-486 1200.



23. A711 original eau de cologne gets a luxury gift presentation this Christmas. The gift box (£10.16) features brass double sided photoframe and 100ml eau de cologne. Advertising in the November issue of *She will* support the pack. New point of sale material is available. A trade parcel containing six gift sets costs £34.78. *Alberto Culver*. Tel: 0256 57222.

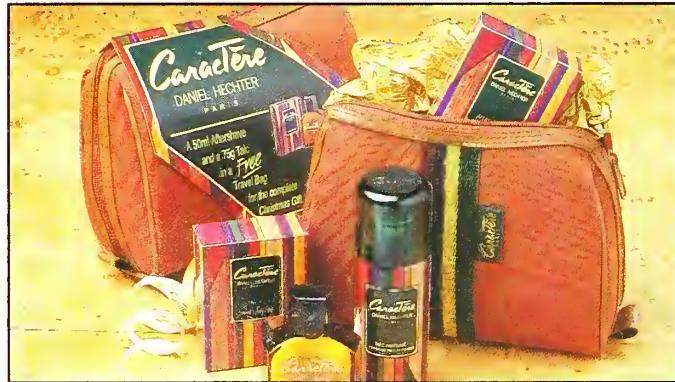
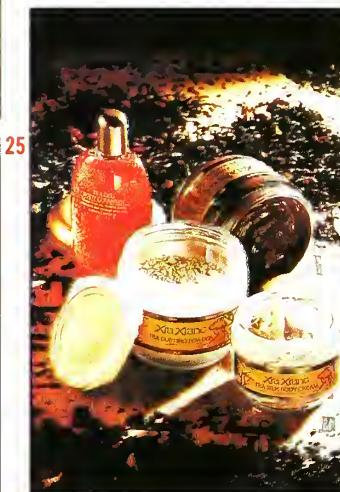


24. *M&R Norton's Orchid* collection includes a glass storage jar containing soaps (£6.50) and bath salts (£3.59). Also available are pot pourri sachets (£2.59 and £3.99), novelty soaps from the Happy Days collection (£1.99 for two), Father Christmas and angel shaped soaps and glass jars with gingham covering holding lemon soaps (£4.55) and pot pourri (£3.95). *M&R Norton*. Tel: 081-670 4433.

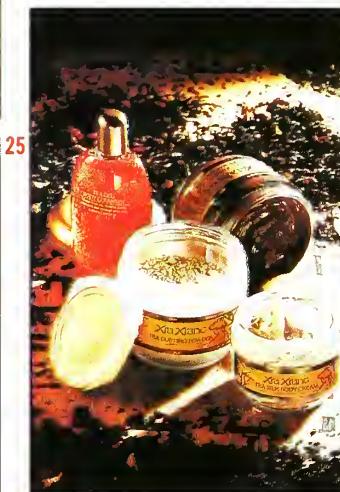


25. *Vanderbilt* gets a series of coffret presentations for this year's gift collection. They include 30ml EDT and soap (£18.95); 30ml EDT and body lotion (£25.50); 50ml EDT and 50g dusting bowl (£22.50); 15ml EDT, 50ml body lotion and 50g soap (£12.95); 50ml EDT and brass photo frame (£21.50). *Parfums Vanderbilt*. Tel: 071-937 5454.

26. Among the *Daniel Hechter Caractere* range for Christmas is an aftershave flacon and talc in a free toilet bag (£17.95); an aftershave spray and Caractere watch (£24.95); an EDT spray, deodorant, shave foam and aftershave balm (£12.95). *Selective Beauty International*. Tel: 071-937 5454.



27. At *Yardley* window carton boxes are a thing of the past — this year sees dramatic new shapes and designs for all their gift sets. White Satin and Nights in White Satin sets are diamond-shaped and include perfume crystal atomisers (£9.95), evening purse and parfum de toilette (£10.95), parfum de toilette and talc (£6.75). Lace has a new look bottle and packaging and sets include cologne and photoframe (£5.75), cologne and talc (£6.75), cologne and hand and body lotion (£8.25) and roll-on perfume with handkerchief (£3.50). English Lavender has also been updated with new ceramic look bottles. Collections include talc, soap, bathcube and flannel (£5.25). *Yardley* plan extensive television advertising. *Yardley*. Tel: 0276 62181.



# Bottled Fantasies

**Perfume began its existence as sweet-smelling smoke, applied by walking around a fire of fragrant woods and spices. Today formulations are sophisticated, but the concept of fragrance still has an aura of mystery and enchantment. C&D takes a look at the market.**

The spend-spend '80s encouraged an influx of new fragrances, yet the percentage of women that wear concentrated perfume is still only 56 per cent, just 1 per cent up on 1969's figure. *The Reader's Digest* Eurodata survey of 22,000 Europeans revealed that 62 per cent of British women regularly dab or spray on eau de toilette, parfum or cologne, which is below the European average of 72 per cent. Unsurprisingly the French came out as the most enthusiastic users, with 87 per cent wearing fragrance.

The 1991 Euromonitor Cosmetics and Toiletries report claims "women's fragrances constitutes one of the largest sectors of the entire cosmetics and toiletries market, but has ceased to be a leading growth area." It estimates 1990 sales will be down 2 per cent in real terms at £385 million.

The mass market sector accounts for about two thirds of volume sales, say Euromonitor, but despite the recession the trend towards fine fragrances continues, with mass market manufacturers under pressure from body sprays and replicas.

Euromonitor estimate that at any one time some 100 fragrance brands are on the market. The smaller houses are increasingly being grouped under the umbrellas of a handful of big players, such as Louis Vuitton, Prestige & Collections and Unilever. In spite of this the market leaders are still the couture houses which dominated two decades ago: Estee Lauder, Yves Saint Laurent, Chanel, Christian Dior and Cacharel still lead the field.

## Fine trends

The trend in the fine fragrance sector, which inevitably leads the rest of the market, seems to be swinging away from the potent "love or hate" scents which sold so well in the '80s, such as Poison and Opium, and moving towards more natural aromas (if a fragrance can be called natural). This is the view of Parfums Givenchy's marketing manager Pierre-Yves Brezillon, who has been involved in the recent launch of Amarige.

"Over the past two or three years there has been a definite going back to the natural side of things, both in fashion and make-up, which has been followed in fragrances. It is a reflection of the state of society. Women no longer want to be seen as provocative or seductive as they used to. They want a fragrance which complements their personality, not hides it."

Givenchy's Amarige, their first women's fragrance for seven years, is described as "bright, happy and lively". Mr Brezillon claims it will appeal more to a "state of mind" than a particular age bracket. He expects it to become as popular as Ysatis in about three years.



Amarige has been the only major launch in the women's fine fragrance sector this year, as sure a sign as any that the market is suffering. Revlon have just added Unforgettable to their range (C&D June 29), a light floriental. Salvador Dali launched Laguna, a sensuous floriental, in May, and Pierre Balmain relaunched their classic '40s fragrance Vent Vent in April.

## Essential luxuries?

Although women are still favouring fine fragrances, they are cutting back in other ways. Mr Brezillon at Givenchy says they have been seeing more sales of 50ml bottles and far less of the 100ml sizes.

The mass market has seen considerably more activity over the last year, especially in the body spray area. Euro-monitor have estimated its value at £110m. Launches include new variants from Impulse and Sixth Sense, repackaging for Limara, a bodyspray for Charlie, a new fragrance, Forever, from Yardley and repackaging for their best-selling Lace, and a new fragrance, Fleur, from Lentheric.

At Yardley brand development manager Angela Hart says the Forever fragrance marks new ground for the company. It has quite a strong, distinctive aroma and comes in a purple bottle and packaging. Retailing at £7.95 for a 25ml bottle of perfume, it is poised on a more premium level than

Yardley's existing brands.

Speaking about the effects of the recession Ms Hart is convinced that it will change spending habits. "People are spending less on luxuries like fragrances — it's all part of the new mentality, which is very different from that of the high spending '80s. Those people who switched to spending large sums on fine fragrances then are coming back to the middle market."

As well as launching Forever, Yardley have updated their traditional English Lavender range and repackaged Lace. It now comes in an elegant crystallised bottle with a new pack design. And the run-up to Christmas will see television and Press advertising.

## Moving up-market

Lentheric's latest fragrance, Fleur, (C&D June 22) is set to equal sales of best-selling Tweed and Panache, believes marketing manager David Allan. It has a delicate, floral aroma and the bottle and packaging have a definite up-market feel. The range has been priced at a 30 per cent premium to Lentheric's other fragrances as research showed consumers felt this to be the right price for the product.

Lentheric's Panache gets a new look in time for Christmas with a new, contemporary shaped bottle and updated packaging. A new television campaign is planned for the Christmas period too.

The recession seems to be hitting the male sector more than the female, says business development manager at Yardley, Jonathan Kendall. Men are prepared to go without luxuries when budgets are squeezed, but women will not, he explains.

With something as intangible as fragrance, advertising is essential in building up an image, and hence a desire, for the product. Mr Kendall believes it is "totally imperative" for a launch, and in particular television campaigns.

At Givenchy about 60 per cent of sales come from pharmacies (including Boots) and distribution is split one third each between independents, Boots and department stores. Sales in pharmacies that are moving more to the perfumery side have increased in the last year, says Mr Brezillon, but the "old style" pharmacy has seen a decline. The great advantage the independent pharmacy has, he believes, is personal service. "I believe the '90s will be the decade of service, while the '80s were the decade of promotion. Customers will shop where they can be assured of good service."

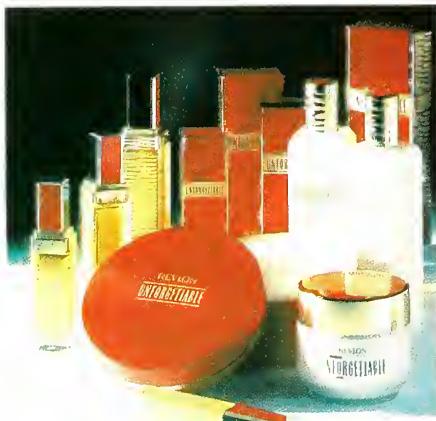
Mr Brezillon's advice to pharmacists stocking fine fragrance is to limit the number of brands, reserve an area of the store for the sector, always keep your display perfect and ensure good product knowledge.

# Good scents practice

**David Allen, South Woodford community pharmacist and vice-president of the Royal Pharmaceutical Society, has a no-nonsense attitude to selling fragrances. He takes a look at the sector's performance over the last year and offers advice on stocking and selling fragrances**

We are now in the longest and deepest recession in modern times and with the present depressed counter sales it gives an opportunity to look at areas which have shown considerable growth in recent years. The French fine fragrance market has, in my view, seen the most growth and many pharmacies have been involved in taking on high investment agencies. Now, I believe, is the time to take stock of the situation and decide where money invested in fragrance stock could be more usefully employed.

Most of the leading companies in the market have adopted a tough attitude when it comes to the independent pharmacy sector, irrespective of turnover. Poor service and arrogance has led to a number of independents relinquishing their agencies and moving into the swag sector. As usual, the leading companies have largely ignored the independent sector and concentrated on the department stores and multiples.



Full ranges, large sizes and sometimes overpriced products have to be stocked, despite the fact that all they do is act as shelf warmers. The situation has developed over a number of years and has led me to look very hard at the fine fragrance sector. Approximately 50 per cent of all sales in this market are made in the last three months of the year, so there is really no logic in carrying vast ranges for the remaining nine months.

Estee Lauder are still maintaining their policy of only moving into large stores and insisting on in-store consultants and vast amounts of paperwork for the agency concerned, at the same time as maintaining their lower-than-average margins. A colleague of mine estimated that his nett profit on return from Lauder cosmetics and fragrances was about 5-7.5 per cent.

Prestige & Collections seem to be acquiring more and more of the smaller houses and in general their fragrances are the most exciting. Designer fragrances such as Picasso, Lauren and Polo seem to have growing loyalty and their special offers are always popular. However, the company has a consistently high number of specials, which tends to kill off the sales of regular stock throughout the year. Again, considerable sums of money are tied up in slow-moving stock. The company's



management structure leaves much to be desired and their field force needs to be harnessed a bit tighter to preserve the agency agreements.

Christian Dior are sadly suffering with their fragrances at the moment and really need new and different products in both ladies' and mens' ranges. However, I must say they are giving good support to the independent sector at present.

Chanel and YSL are falling into the trap of setting high and unrealistic turnover targets and with the poor sales in their latest fragrances, Egoiste and Jazz respectively, they could be getting into deep trouble. Their attitude to smaller accounts is arrogant and I believe that the independent sector can do without them.

Revlon are launching two fragrances in the Autumn, Unforgettable and Versus, and are being realistic in their sell-in targets. With the promised money behind the launch these could be successful brands.

On the subject of new fragrance parcels, I

would counsel all pharmacists to look very carefully at their overall profit margin, making conservative estimates of the sales of the dead lines in the parcel.

The mass market companies, Yardley, Lentheric Morny, etc, are in my opinion losing sales to the French sector and could undergo drastic rationalisation shortly.

The interesting change that has occurred in the last year is that the public are much more conscious of those fragrances that are heavily advertised on television. This has led to a market of both very high sellers and absolute disasters. Fragrance is now going the way of all fashion markets in the '80s and that is the "here today, gone tomorrow" concept.

While I have criticised the companies in this article for their shortcomings, I have to say that in general, some independents must improve their display in-store if they are to get involved with fine fragrance. The customer can and will go to another shop where the stock is presented in a more appealing manner, and I would implore pharmacists and managers to look at their pharmacies and see if there is any way in which you can professionalise the retailing aspects of the fragrances stocked by you.

I am slowly coming round to the idea that unless you have a large turnover in an agency (in excess of £8,000-£10,000 at cost) then you are better off buying fragrance in the swag market and keeping valuable cash investment for higher turnover sectors. If you have agencies, then my advice is to keep the agency on its toes — don't accept the constant ignoring of correspondence, demand your display items, and most important of all don't get overloaded with stock. If such advice is followed then perhaps you will make profits from having these agencies.

## Spoilt for choice

Choosing a fragrance, whether for yourself or for a gift, can be confusing. Fortunately most people know what kind of fragrance they like. Our table (courtesy of Quest International) shows some examples of popular fine fragrances and the types they belong to.

### Floral

**Classical:** Joy (jasmin, rose), L'Air du Temps (carnation), Chanel No.5 (aldehydes, jasmin, rose).

**Modern:** Anais Anais (hyacinth, narcissus), Giorgio (tuberose, jasmin), Eternity (violet, rose, citrus fruits).

### Chypre

**Classical:** Miss Dior (green, woody), Femme (fruity), Coriandre (woody, fruity).

**Modern:** Ysatis (floral, woody), Montana (green, fruity).

### Oriental

**Classical:** Opium (woody, cloves), Shalimar (vanilla, citrus), Youth Dew (vanilla, amber).

**Modern:** Loulou (floral), Colors (fruity, floral), Samsara (sandalwood).

#### Type      Strength      Duration

parfum	15-20%	up to 6 hours
eau de parfum	10-15%	up to 4 hours
eau de toilette	5-10%	up 2-4 hours
cologne	1.5-4%	up to 2 hours

Top 10 fine female fragrances in pharmacies (excluding Boots)

1. Anais Anais
2. Chanel No.5
3. Poison
4. Paris
5. Opium
6. Loulou
7. Youth Dew
8. Vanderbilt
9. Picasso
10. Ysatis.

Top 10 mass market female fragrances in pharmacies (excluding Boots)

1. Tweed
2. L'Aimant
3. Cachet
4. Lace
5. Le Jardin/Le Jardin D'Amour
6. You're the Fire
7. Charlie
8. Panache
9. Mystique
10. Style

*Source: Nielsen Beauty Care Service: year ending April 1991 (sterling sales).*

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# When tiredness persists

**'Yuppie flu' was the name popularised by the media for myalgic encephalomyelitis (ME) during the decade of the young upwardly-mobile professional person. The Yuppie's day has come and gone, but questions about whether this debilitating condition is 'all in the mind' or an organic disease still remain unanswered. C&D looks at the controversial problem that has split the medical profession**

Tiredness is something we all experience; 10 per cent of men and 20 per cent of women are "currently tired", and 20 per cent of men and over 30 per cent of women admit to being "always tired".

If 100 people are asked about ten fatigue-related symptoms, ten will have none of them, one will have all of them and the rest some number in between.

These statistics show that severe chronic fatigue represents not a discrete illness, but the extreme end of a spectrum, says Professor Anthony Mann of the Institute of Psychiatry, London.

He is not alone in this view. Fatigue is such a common symptom that it is difficult for some doctors to accept that severe, persistent fatigue can be an illness in its own right. They think people who complain are malingering or put it down to a psychological disorder.

However this is not a universal view. There are those who believe that severe chronic fatigue is an organic disease resulting from a viral infection or some other precipitating factor.

### Defining the syndrome

While the medical profession is divided over whether the condition is psychological or physical, the fact still remains that an increasing number of people are recognised to be suffering from this type of fatigue — an estimated 200,000 in the UK each year.

They complain of fatigue which is usually present all the time and which is exacerbated by mental and physical activity. Other symptoms include muscle and/or joint pain, blurred vision, dizziness, photosensitivity, parasthesia, depression of mood and libido, irritability, and headaches. Slurred speech, word-



finding difficulties, slips of the tongue, memory problems and poor concentration are common.

Sufferers are affected to different degrees — some are confined to bed, while others lead restricted lives, for example they cannot walk more than a few yards. People of all ages and social classes are affected, and about 75 per cent of sufferers are women.

Myalgic encephalomyelitis (ME) is the name commonly used for this condition, which is also known as post-viral fatigue syndrome. The name "Yuppie flu" arose because the disorder appeared to be prevalent among young professionals.

ME is also called chronic fatigue syndrome (CFS). A consensus conference in Oxford in March 1990 proposed the following definition for CFS to aid its diagnosis:

1. A syndrome characterised by fatigue as the principal symptom;
2. A syndrome of definite onset (that is, not life-long);
3. The fatigue is severely disabling and affects physical and mental functioning;
4. Other symptoms may be present, particularly myalgia,

mood disturbances, and sleep disturbances;

5. A minimum of six months of fatigue present for more than 50 per cent of the time.

The conference distinguished CFS from post-infectious fatigue syndrome, which is described as a chronic fatigue syndrome but with definite evidence of infection at onset or presentation:

1. Present for more than six months after onset of infection or after resolution of clinical signs associated with acute infection;
2. The infection has been corroborated by clinical signs or laboratory evidence.

### CFS versus ME

CFS is the name preferred by some for ME, since it suggests no specific aetiology — it has not been proved conclusively what causes the condition.

But the ME Association, a self-help group for sufferers, disagrees with the decision to rename ME as CFS which it says is an "umbrella for a vast group of heterogeneous patients suffering from a mixture of physical, psychological and physiological

problems resulting in fatigue."

Dr Charles Shepherd, the Association's medical adviser, believes there is great value in separating out a clearly defined post-infectious group who have an acute onset fatigue which becomes severe and incapacitating.

The ME Association has produced a free booklet "Diagnostic and clinical guidelines for doctors" in which Professor Peter Behan, consultant neurologist at the Southern General Hospital, Glasgow discusses the clinical features, differential diagnoses and treatments of ME.

In diagnosing ME the two essential criteria are listed as:

1. A clinical viral infection, then
2. Debilitating fatigue lasting at least six months, plus at least three of the following:

- myalgia
- depression
- anorexia
- inability to carry out complex sequences of thought
- night sweats
- myocarditis.

### Evidence for a virus

CFS has been reported in 30 localised epidemics, starting as Royal Free disease at the London hospital in 1955, but no pathogens have been consistently isolated or identified from sufferers.

Virological investigations have focused on Epstein-Barr virus, enteroviruses such as Coxsackie, human herpes virus-6, flu and varicella viruses, and other infectious agents such as *Candida* and *Borrelia*.

Dr Shepherd says: "Current research points strongly to ME being the result of a viral illness, with enteroviruses and the reactivation of latent Epstein-Barr virus (the glandular fever virus) being the most favoured

## Chronic fatigue in children

Chronic fatigue in adults is complicated enough, but in children additional problems exist.

Dr Len Taitz, of Sheffield University Hospital says that typically the information on symptoms comes from the parents and when seen alone the patient may deny them. Some children do get a post-viral syndrome in which they become depressed and will not eat, but it is relatively trivial and with reassurance they recover. This used to be called "abdominal migraine", then food intolerance; but parents now ask if their child may be suffering from ME.

Some children with this syndrome are suffering from school avoidance, often for a valid reason such as bullying. It is important to get them back to school as soon as possible, remedying the cause when possible, says Dr Taitz.

Sometimes the diagnosis of ME is a reflection of a parent's desire to keep their child as a baby, he warns.

culprits."

Last September, American researchers released evidence that a retrovirus from the same family as HIV may be linked with ME.

There were two groups of ME patients, one comprising 11 adults from several parts of the US, and the other 19 children from a town in New York where an ME epidemic had been reported.

Some 82 per cent of the adults and 74 per cent of children had blood cells containing a viral sequence similar to HTLV-II. No member of the two control groups showed any signs of virus-positive cells.

Professor Behan's studies have indicated that cells of patients with ME are damaged as a result of a viral illness. Examination of the muscle biopsies from hundreds of ME patients revealed that mitochondria were abnormal in 75-80 per cent of them. Further tests using polymerase chain reaction and enterovirus probes showed the muscle contained virus RNA. Biopsies in patients with acute viral illnesses revealed similar abnormalities. Professor Behan believes ME is characterised by immunological abnormalities, viral infection and a disturbance in neurotransmitter function.

ME Association literature states that a sufferer "fails to make the expected recovery from a virus infection owing to an abnormal immune response to the virus. This then persists in the muscle cell and probably the nervous tissue, interfering with normal cell function and causing the characteristic ME symptoms. Usually the patient recalls a specific triggering infection but sometimes ME has a slow insidious onset."

Professor Hugh Webb, consultant neurologist at St Thomas' Hospital, London confirms that viruses almost invariably enter the nervous system, but says whether they cause illness and what form it takes depends on many ill understood factors. Viruses

replicate in the areas of the brain that are associated with functions which are disturbed in CFS. They can also disturb brain levels of many neurotransmitters and the activity of some lysosomal enzymes, he says.

### All in the mind?

Although most CFS sufferers have a psychological disorder, a substantial minority (about a third) do not. Depressive illness is most common (in 21-47 per cent of sufferers) and is thought by some to be a cause rather than a consequence; other common diagnoses include anxiety disorders and somatisation disorder.

Some psychiatrists believe that because of the stigma attached to psychiatric illnesses, sufferers may prefer to be diagnosed with ME — a "physical" illness. They fear that a diagnosis of ME may mask a more serious illness in one in three people.

Last November, the Royal College of Psychiatrists said that out of 78 patients referred to a fatigue clinic, 46 met with the standard psychiatric diagnostic criteria for ME. But after 18 months, 14 patients were re-diagnosed as having other illnesses including schizophrenia, connective tissue disorders, hypertension and anaemia.

### How to treat it

At present there is no specific treatment for CFS; how it is treated often depends on the doctor's point of view or level of comprehension of the condition.

The ME Association advises rest and a balanced diet, and great patience and understanding from carers through the years it might take for the patient to recover.

It says that "referral for active physiotherapy or 'exercising yourself to better health' will probably leave you feeling worse and set you back." But prolonged bed rest also has its dangers, they caution.

The "Liverpool" approach to

treatment, used by Richard Edwards, Professor of Medicine at Liverpool University and a muscle physiologist, does include exercise. He says that muscle function is normal in CFS. The muscle does show non-specific changes, such as reduced mitochondrial and enzyme activity, but these are probably caused by inactivity.

Fatigue is a self-perpetuating phenomenon, says Professor Edwards. Lack of exercise upsets muscle function and the control systems of the body, he says.

Professor Edwards does not agree with the advice offered by self-help groups that patients should rest, arguing that prolonged rest is ultimately harmful. His approach to treatment of CFS is reassuring patients that they do not have a serious physical disease, instruction on breathing control since overbreathing is common, relaxation, and a gently graded exercise programme in conjunction with physiotherapists and psychotherapists.

The most recent treatment suggested is magnesium sulphate injections. A study in *The Lancet* in March claimed that up to 80 per cent of 20 CFS patients benefitted from them over a six week period.

The media got hold of this and family doctors were inundated with requests for the injections — many sufferers believed a "cure" had at last been found, the ME Association reports.

They issued a Facts Sheet on magnesium sulphate which concluded that although at the dose used magnesium sulphate is "unlikely to cause harm", it is not yet a proven treatment. Further trials would be needed to establish whether significant magnesium deficiency is indeed a part of this illness, the statement said.

Currently used, with some success, are monoamine oxidase inhibitors and tricyclic antidepressants. They are believed to have therapeutic benefits besides their antidepressive action, for example amitriptyline and trazadone for insomniac patients and those with poor quality sleep.

### A dual approach

Increasingly, researchers are urging a dual approach to treating ME. Dr George Lewith, writing in *GP* (June 14), says: "There is no doubt that any chronic, debilitating illness will cause anxiety and depression, so it is hardly surprising that most of the people suffering from established ME exhibit some of these symptoms."

But he warns that because there are no clear and unequivocal tests to prove the presence or absence of ME, the diagnosis of

ME runs the risk of "becoming a haven for those who have primarily psychological disorders". Patients labelled as suffering ME are therefore a mixed group, he says. While the vast majority may well have a real physical illness, almost all will suffer from psychological symptoms.

Dr Peter White, senior lecturer in psychological medicine at St Bartholomew's Hospital in London, believes that the condition does not have one single cause and that single-cause-and-effect is not a fruitful line of thinking. It is more helpful, he believes, to look at the three Ps: the pre-disposing factors, the precipitating factors and the perpetuating factors.

A precipitating event, not always an infection, can provoke fatigue, leading to a self-perpetuating cycle of rest, leading to unfitness, fatigue on exertion, inability to cope with work, stress and consequent insomnia, so the sufferer is below par when the next infection occurs. Thus a vicious cycle is maintained.

Treatment should involve an open-minded and sympathetic approach, to explain the nature of the illness to the patient and, where possible, to help them alter these factors and thus help them recover and prevent relapse.

As part of this process it is important to look for psychiatric illness or emotional problems and to treat them if present, says Dr White. It is vital that patients do not avoid psychological and psychiatric treatments, in spite of the stigma ignorantly attached to them. Psychiatric illnesses are not a sign of weakness or malingering, or "all in the mind"; every thought or feeling we have is caused by the physical activity of cells. Therefore, it is a fallacy to think that mind and body are separable; they are indivisible, says Dr White. Thus CFS must and does affect the mind and body together.

### Conclusions

1. CFS (ME) is a significant cause of morbidity;
2. There is no conclusive evidence as to the cause;
3. It needs a combined approach by psychiatrists, virologists, immunologists etc, to research and treat;
4. Patients must not be told it is all in the mind;
5. Patients should not be made worse by inappropriate treatment;
6. Research must be scrupulous and subjected to peer review.

*The Myalgic Encephalomyelitis Association, PO Box 8, Stanhope-Hope, Essex, SS17 8EX. Tel: 03756 42466 (Monday to Thursday mornings only).*

Over three million people in Britain are known to suffer from incontinence, but the true figure is probably much higher. Helping the incontinent patient may seem a tricky role for the pharmacist, since there are no OTC drugs available and sufferers should initially be persuaded to see their GP. But concern, embarrassment and worry are common reactions in sufferers — the pharmacist is in a perfect position to offer sympathetic, up-to-date advice and encouragement, and point the sufferer in the right direction for specialised help

# The misbehaving bladder

"Even in the enlightened '90s when people talk readily and openly about sex, they are still embarrassed to talk about bodily functions and reluctant to admit that they have problems controlling their bladder," says Linda Cardozo, consultant gynaecologist, Kings College Hospital, London, who chairs the British Association for Continence Care advisory board.

According to a recent MORI survey of 4,007 people, less than one in ten of those found to be incontinent discussed the problem with a member of the family or friend, and less than one in five discussed problems with their spouse. Furthermore, some 30 per cent may be suffering in silence, according to MORI.

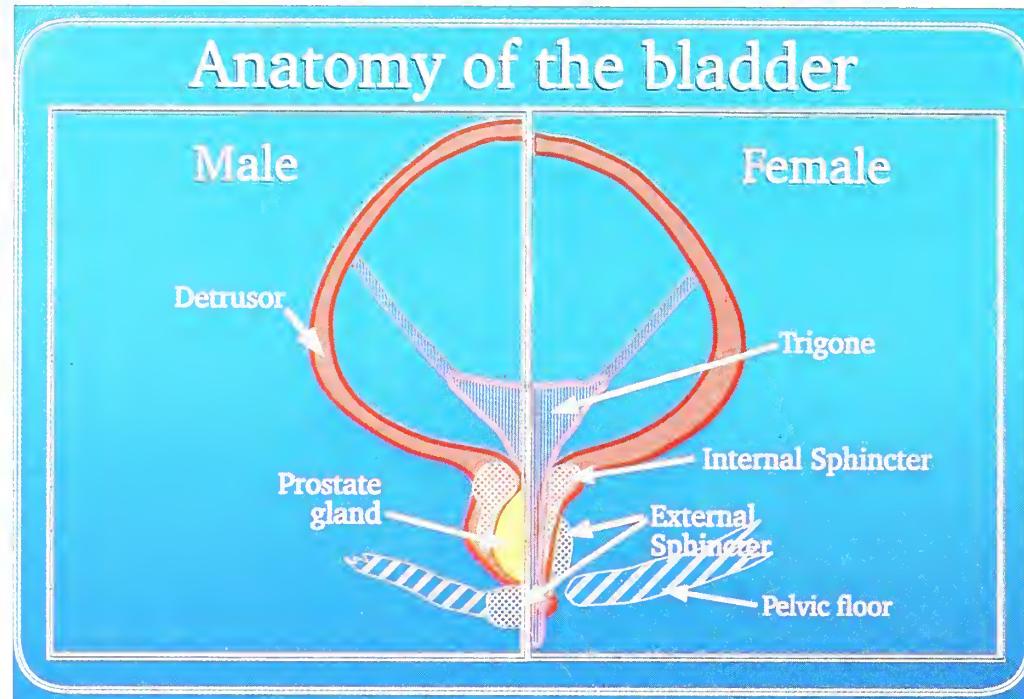
Incontinence can greatly affect sufferers' lives, and over a third of the MORI respondents say they had to alter their lifestyle as a result.

The likelihood of bladder problems increases with age, with 10 per cent of the over 60s having problems compared to 3 per cent in their 30s. Sufferers are twice as likely to be women, according to the report.

Urinary incontinence is simply defined as involuntary loss or escape of urine from the bladder, but its causes can be anything but simple.

Normally, the bladder and urethra act as a single unit to store and empty urine. The kidneys usually produce between two and three pints of urine in 24 hours, although the bladder can only store about a pint. As it fills, sensory receptors in the bladder wall (detrusor) send messages to the brain to open the valve. In the continent person, this micturition reflex is brought under voluntary control — the sphincter muscles at the bladder outlet keep a constant pressure on the urethra to prevent urine escaping until an appropriate time.

During micturition, the pelvic floor and urethra relax, and the detrusor contracts to allow urine to pass. Most adults pass urine between four and seven times a day and not more than once a night.



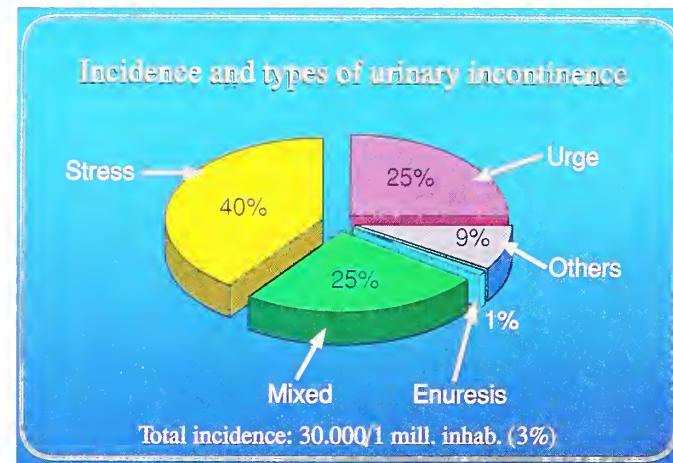
## Types

Genuine stress incontinence and urge incontinence are the commonest causes in the population as a whole, and are caused by different mechanisms, although they can co-exist.

□ **Genuine stress incontinence**, sudden urine loss during physical exertion such as coughing or sneezing, is the commonest form of incontinence in women, affecting around a third by the time they reach 55.

It is caused by a weakness of the urethral sphincter mechanism, so that the urethra cannot close tightly enough to withstand high or sudden bladder pressure. It often starts after childbirth or at the menopause, and can also be caused by weak muscles or by being overweight.

□ **Urge incontinence** is preceded by a sudden urgent desire to empty the bladder. It is the most common form of incontinence in men, and the second most common in women. It often involves detrusor instability, also referred to as an "unstable bladder", in which the bladder muscle contracts uncontrollably due to overstimulation by nerves to the bladder. The cause of



detrusor instability is unknown, but obstructive, psychosomatic or neurological causes are thought to be involved, and many cases are believed to be idiopathic.

□ **Nocturnal enuresis** refers to bedwetting when asleep, while nocturia means getting up in the night to pass urine.

□ **Other types** of incontinence such as dribble incontinence may be due to obstructions such as fistulae, urethral diverticulum or benign prostatic hypertrophy. Urinary tract infections may cause

temporary incontinence.

□ **Benign prostatic hypertrophy** is an enlargement of the prostate gland, which may compress the urethra, showing the flow of urine and eventually blocking it. It can be treated by surgery or with drugs.

The condition is estimated to affect some 40 per cent of men over the age of 50, but only 28 per cent had ever consulted their GP, according to a survey of 998 men over the age of 50, conducted by the British Market Research Bureau this April.

## The GP's role

"Incontinence is a medical problem that requires immediate treatment, not stopgap intervention," says continence advisor Dorothy Mandelston of the Disabled Living Foundation.

According to the MORI survey, over 70 per cent of sufferers said they were not embarrassed to see a GP, who they generally found to be sympathetic. This should always be encouraged as an examination is required to assess the problem. A mid-stream urine sample should also be taken to rule out urinary tract infection.

BACC estimate that over 80 per cent of incontinent patients can be managed in general practice, but the GP may refer a patient to a specialist. Urodynamic tests such as uroflowmetry (measurement of urinary flow rate) can exclude outflow obstruction, while cystometry (measurement of the pressure-volume relationship) usually differentiates between stress and urge incontinence.

## Treatment

**Bladder retraining** is often recommended to improve urge incontinence. The patient should try and delay bladder emptying for as long as possible whenever they experience the need to pass urine. A frequency-volume chart helps to provide motivation.

Bladder training reduced incontinent episodes by 57 per cent in 123 women aged over 55 in a recent study (*JAMA*, Vol 265, No 5, Feb 6, p609). The goal of the programme was to reach a 2.5-3 hour continent episode after six weeks, by increasing voiding intervals by 30 minutes each week. The authors recommend that bladder training should be considered as an initial step in the treatment of incontinent women, before proceeding to drug or surgical therapies, both of which have risks.

A double-blind study of 37 elderly people, aged 70-90, with urinary frequency and urge incontinence due to detrusor instability, provides further support for the beneficial effect of bladder retraining. Half the 34 patients who completed the six week study felt they had improved. Although 19 out of the 37 were given terodilane and the rest placebo, improvement was attributable to bladder retraining rather than terodilane (*BMJ*, 302, p994, April 27 1991).

**Pelvic floor exercises** are often recommended for stress incontinence. Physiotherapy trains the patient to recognise, perform, and practise voluntary contraction of the pelvic floor to build up muscle strength and bulk

## The continence advisor

If a sufferer is reluctant to visit their GP, they should be encouraged to see a continence advisor, who they may find more approachable.

The continence advisor is usually a specialist nurse, whose aim is to promote continence and manage incontinence and who may deal with the incontinent patient before, during or after treatment or surgery.

The advisor will thoroughly investigate the sufferers medical history before referring them to a GP. Neurological, obstetric and psychological details are particularly relevant, and also fluid intake, diet and bowel habits. A home visit may also be required. Some continence advisors are trained to give an internal examination.

Assessment of each sufferer is done on an individual basis, and is

time consuming — an "outline sketch" of a patient will take at least half an hour.

The Government has acknowledged that there are wide variations in the level of services for incontinence sufferers across the country, and the Department of Health is looking at how to best tackle this problem. A project on the role of continence advisors started this April, and is expected to take two years, after which recommendations will be made.

The time element and complicated nature involved in the assessment of an incontinent person makes it difficult for the pharmacist to perform this specialised role. For information on the nearest continence advisor in the area, contact either the Association of Continence Advisors or the district health authority.

and to support urethral closure.

Methods include pelvic floor exercises, electrostimulation, and vaginal cones, and should be taught by specialist nurses or physiotherapists.

Although physiotherapy is unlikely to cure, considerable improvement can be achieved with very little risk, say the authors of a recent report (*BMJ*,

302, March 30, p753). Some 154 respondents to a postal questionnaire survey of 192 district health authorities stated that physiotherapy was usually the first line of treatment for stress incontinence. Pelvic floor exercises and interferential treatment (involving electrostimulation) were most commonly used by 178 and 144 authorities respectively.

**Weighted cones** identify and strengthen the pelvic floor. Increasingly heavier cones are inserted into the vagina and held for increased lengths of time, providing sensory feedback which triggers pelvic contraction around the cone. Cones can encourage and motivate the patient, and aid patient compliance if traditional pelvic floor exercises prove difficult. Short term treatment may be sufficient.

Cones are available in hospitals and clinics. Femina Cones from Colgate Palmolive are currently only available by mail order, although pharmacists could stock leaflets which contain a mail order form (tel: 0753 860378). They are best recommended on the advice of a GP or continence advisor, as use may be inappropriate. The company is considering introducing them into pharmacies, but this would be appropriate only if counselling were given. Research is still in the early stages, but results are encouraging.

Training with pelvic cones produced significantly better pelvic floor muscle strength after three months than did exercise without cones, according to a study of 83 women after childbirth (*Acta Obstet Gynecol Scand* 68: p301, 1989). Of the 42 women using pelvic floor exercises without cones, 15 showed no improvement in resting pelvic floor muscle strength, whereas all women using vaginal cones increased this strength, says the article.

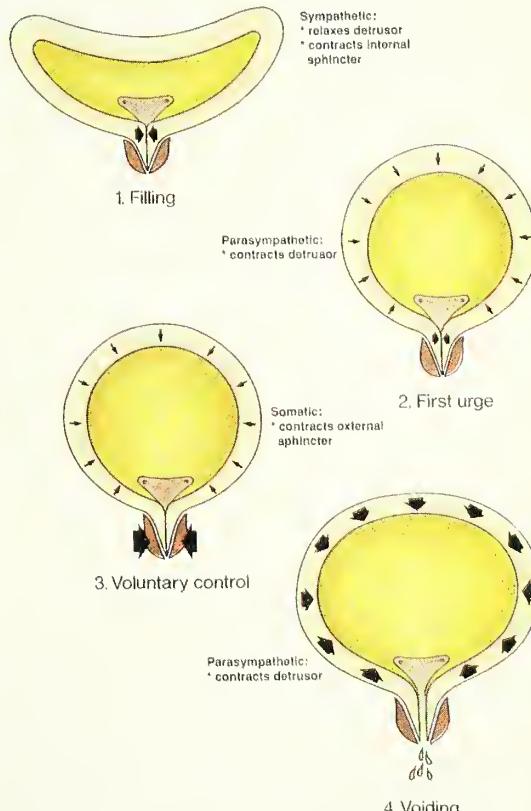
Another study involved 39 premenopausal women with stress incontinence who were awaiting corrective surgery. Objective results showed correlation between ability to hold heavier cones and reduced urine loss. Of the 30 who completed a months exercises, 70 per cent felt they were improved or cured and 90 per cent found the method acceptable. Only 11 women opted for surgery after the study. (*Br J Obs and Gyn*, Vol 95 p1049 1988)

**Electrical stimulation.** Another approach to the treatment of genuine stress incontinence is the Acupad NTS1035 therapy which uses low frequency electrical stimulation to strengthen pelvic floor muscles.

Patients can obtain a six week treatment course through the continence advisory service, or pharmacists could adopt a similar rental scheme for nursing homes. (Nidd Valley Micro Products Ltd tel: 0423 866375).

**Intermittent self-catheterisation** is a procedure in which the patient catheterises themselves several times a day using a flexible tube inserted into the bladder through the urethra. It is only effective when the bladder contains a

## The micturition cycle



continued on p40

significant residual volume of urine but is an underused technique, according to a report in *Drug and Therapeutics Bulletin*, Vol 29, 10, 1991.

Long term indwelling catheters have associated hazards such as infection and crystal formation, and are seen as a last resort for incontinence management.

**Surgery** Stress incontinence can usually be cured by surgery, but detrusor instability is often resistant to all treatment. Surgery for stress incontinence aims to "pull up" the bladder neck and proximal urethra back into an intra-abdominal position.

## Drug treatment

Anticholinergics are commonly used for urge incontinence although they are inappropriate for stress incontinence. Terodilane is now used in the majority of cases, but propantheline and flavoxate are also used.

Terodilane has anti-cholinergic and calcium antagonistic properties, and both actions may block detrusor contractions. It decreases frequency, urgency and incontinence and increases voided volumes. Side-effects are due to the anticholinergic nature (dry mouth, headache, blurred vision and tremor) and are possibly fewer than with other anticholinergics and calcium antagonists.

Children under seven are not usually treated for nocturnal enuresis, as many cases resolve with time, particularly if aids such as enuresis alarms are used. For older children with more severe symptoms, imipramine or desmopressin are used, but children often show a relapse when treatment is discontinued. Desmopressin can reduce nocturnal urine production by half.

## The pharmacists role

Only 3 per cent of incontinence sufferers sought the pharmacists advice, according to the MORI survey, yet the pharmacist can perform a vital role in providing advice, encouragement, and sources of more specialised help. It is also important to display a range of self-selection leaflets, which are available from both self-help organisations and manufacturers of incontinence aids. Sufferers should always be encouraged to visit their GP.

When discussing incontinence, it is important to treat each person as an individual and provide simple information in plain language. Pharmacy assistants should also be trained because their lack of knowledge may cause the patient further embarrassment.

The Disabled Living

Foundation is hoping to introduce courses for pharmacists in the future, and already run courses for physiotherapists and carers.

## Advice

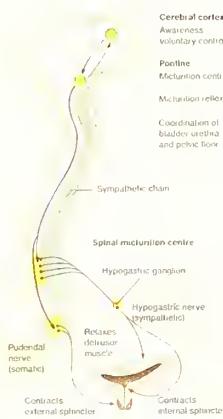
**Fluids** Sufferers should be advised to cut down on tea and coffee. However, they should not cut down on fluids generally, as this only irritates the bladder and aggravates symptoms. Although it is important to drink at least six cups of fluid a day, sufferers could be advised to drink less before bedtime or going out, and drink more at other times to compensate. Some doctors advise restricting fluids to one litre a day if frequency is a problem.

**High fibre diet** should be recommended to prevent constipation which may cause incontinence.

**Skincare** Sore skin can be prevented by regular washing, thorough drying and frequent pad changes, and ensuring that garments fit properly without rubbing. A barrier cream such as zinc and castor oil may help, and is preferable to talc. Allergies due to plastic, washing powder, etc should be ruled out.

**Loose-fitting clothes** can make incontinence management much easier.

## Mechanism of continence



**Diuretics** are usually taken in the morning, but if medically possible, GPs should advise patients to take them at a convenient time, for example after a morning outing.

According to the *British National Formulary*, diuretics are overprescribed in the elderly, who are particularly susceptible to many of their side-effects.

Bladder training may help patients cope with diuretics more easily. The dose could perhaps be divided up if this is medically satisfactory.

**Night sedation** Drowsiness may cause nocturnal enuresis.

**Chest infection** Coughing may cause incontinence if the bladder is

weak.

**Cystitis** is a common cause of incontinence in women.

## Protection

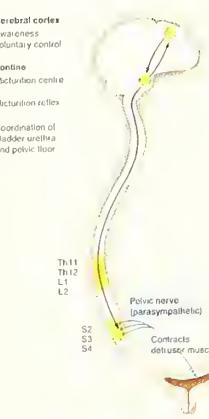
"Where can I find help?" and "Where can I get protective pads, bedding and duvet covers?" are among the most common questions asked by sufferers, and these are questions the pharmacist can answer.

The emphasis of treatment should be on achieving continence but managing incontinence is also important. Although pads are not the solution — they may well make the patient feel they will have the condition forever — they will usually be required to manage incontinence before and during treatment.

Protection is available on prescription for severe cases, but a vast array can be displayed for purchase. It is important to stock a range of products and absorbencies to satisfy varying requirements — generally, the lowest absorbency required should be recommended.

The choice has the potential to confuse sufferers, who may well be too embarrassed to ask for help. Pharmacists should be on the lookout for elderly who are buying sanitary towels. Many are

## Mechanism of micturition



not plastic-backed and are therefore completely unsuitable as they will not contain the urine.

A range of products should be displayed in a prominent position, perhaps alongside sanitary protection. Too often dusty packs are displayed on the bottom shelf, which only perpetuates the embarrassment and shame of sufferers.

A good idea is to display self-selection leaflets alongside incontinence aids, rather than at the till. A board detailing sources of further help, such as the continence advisor, could also be displayed here — it could also advertise the pharmacists availability to answer questions.

## Designs

There are no satisfactory appliances for women to wear. Plastic pull-on pants are useful if a lot of urine is leaked, while marsupial pants are suitable for dribbling incontinence as they have an absorbent waterproof gusset. Stretch pants are designed for use with various sizes of plastic-backed pads, and disposable all-in-ones are intended for severe or doubly-incontinent people.

Some pants and pads are designed for men, but collection devices for men also include penile sheaths and body worn appliances, and urine is collected into a drainage bag strapped to the leg. Leg bag support garments are also available.

Up-to-date knowledge of available aids for the incontinent will be particularly helpful to the sufferer. The *Directory of Continence and Toiletry Aids* costs £70 and is available from the Disabled Living Foundation.

Examples of aids that can make life easier include PVC mattress covers, drawsheets, duvet covers and pillow cases, and disposable bed pads. For the incontinent confined to a wheelchair, non-spill aids are available, and disposable collectors can be purchased. Support rails and raised toilet seats may help mobility.

Appliances should be washed regularly to prevent odour and crystalline deposits, and use of Napisan may help prevent staining of bedclothes.

## Further help

*British Association for Continence Care* (an organisation set up by medical staff), Pinewood Studios, Iver Heath, Buckinghamshire, SL0 0NH. Tel: 0753 631033. (Pre-recorded telephone helpline for sufferers tel: 0753 656716)

*Association of Continence Advisors, and Disabled Living Foundation*, 380 Harrow Rd, London W9 2HU. Tel: 071-289 6111

*National Action on Incontinence*,

St Pancras Way, London, NW1 OPE. (Helpline Mon-Fri, 2pm-7pm: 091-213 0050)

*Enuresis Resource and Information Centre*, 65 St Michael's Hill, Bristol, BS2 8DZ. Tel: 0272 264920.

Some manufacturers of incontinence aids also have helplines.

Financial help may be available to sufferers, and social services may provide a laundry service or collection service for disposables.

# BUSINESS NEWS

## Sunday proposals

Prompted by the Home Office, the Association of District Councils has floated Sunday trading proposals which would allow community pharmacies to trade all day on Sundays. However larger stores, such as Boots, would not be allowed to trade on Sundays, except possibly the pharmacy area.

Under the proposals, DIY stores, video stores and garden centres would be allowed to open between noon and 6pm, while convenience stores below 3,000sq ft, including pharmacies, newsagents and corner shops would be allowed to trade all day.

The proposals are similar to those of a private members' Bill introduced into the House of Commons by Conservative backbencher John Marshall last March. The Bill was defeated by 69 votes (C&D March 9).

The Association, which represents 330 district councils, says its members have been "left in the lurch by a series of conflicting legal decisions which have bounced back and forth across the Channel between the British and European courts". It regards its initiative as a readily-enforceable compromise.

"The spirit of our proposal is that shops for which there is a clear need would be able to open all day," said Michael Ashley for the Association. He admits that large departmentalised chemists are a "messy area", but suggests that the pharmacy could be open but not the rest of the store.

The initiative has just concentrated on the broad principles, he said. It would be up to trade associations to work out the individual details for their sectors.

## Sales Distributors buy SOT Healthcare

Three out of the four companies in the SOT Healthcare group, which went into administrative receivership a fortnight ago, have been sold for an undisclosed sum to Sales Distributors (Walsall) Ltd. They now appear to be trading under the name Barclays Enterprise.

SOT Healthfoods, the ethicals company Barclay & Sons, and Bodyline Health Foods are the three companies in the group to be sold. A spokesman for receivers Price Waterhouse confirmed the sale had been made but said the details are covered by a confidentiality agreement.

Great American Drug Stores remains in the hands of the receivers. Price Waterhouse are still looking for buyers, but report they have had "some positive interest".

Sales Distributors (Walsall) Ltd was acquired by Lloyds Chemists when they bought the 24-strong Bannister & Thatcher group in 1988 (C&D July 16, 1988). Sales Distributors were the holding company for the group's warehouse operation. C&D has been unable to establish the present ownership and trading position of Sales Distributors. No one from Lloyds Chemists could be contacted for comment.

SOT had been in difficulties for some time. An informal meeting of suppliers on June 10 concluded that Great American Drugstores was the major problem for the group. The development costs for the chain, estimated at some £6.5 million, overstretched the group's resources. Factors — agents who buy company debt at a substantial discount to provide short-terms

cash flow — were bought in, but neither this nor the sale of the Barclays depot at Grimsby for a net £1.5m was enough to save SOT. The banks refused additional credit and foreclosed on the business.

Price Waterhouse say SOT Healthfoods had a turnover of £46m to July 1990 while the remaining Barclays depot turned over some £15m the following year, to July 1991. The Healthfoods wholesale operation, Bodyline, turned over around £3m last year, while Price Waterhouse do not quote a figure for Great American Drugstores.

However the last registered results for SOT Healthcare for 1989 signalled the trouble the company found itself in. Standard performance ratios included a profit margin of -0.2 per cent, profitability at -0.6 per cent and a return on capital employed of -8.5 per cent. Even then, the company was showing a pre-tax loss of £95,500 on a £62m turnover.

Mr Brereton of Price Waterhouse said: "The group's recent difficulties resulted from an expensive diversification from its core wholesaling business into retailing. The core wholesale business has consistently achieved annual turnover growth of 20 per cent since SOT was established in 1981."

**GCM Print & Packaging Service** has achieved registration for the specialist requirements of the BSI pharmaceutical supplier code of practice for printed packaging. In 1987 the company was the first in the carton industry to be awarded BS5750 part 1.

## Numark offers refit

Numark Management are now providing their members with a project management service for store refits.

The company will provide the services of a trained project manager free of charge in response to inquiries about its new retail concept. He will visit the pharmacy to provide expert advice, and at the retailer's request and expense will supervise any work began through to completion, including arranging competitive tenders.

Currently retained by Numark to provide this service is David Haydon, of DCH Associates. He has previously worked on shop refits for Savory & Moore and Medicare Drugstores. Interested pharmacists should contact David Wood, retail development manager. "This service is designed to take the worry and work often associated with a store refit out of the retail pharmacist's hands," he says.

## Whitehall Laboratories

The company has asked us to make clear that, although its manufacturing plant at Wratton in North Devon will be closing down in mid 1993, the company itself will be continuing to trade with its full present range of products (last week, p1087). The closure decision affects only the current manufacturing location of Whitehall products. Rationalisation of the Wyeth-Ayerst-Whitehall Group manufacturing facilities throughout Europe will enhance pan-European product availability, and a number of Whitehall's products will continue to be made in the UK as at present, the company says.

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# Grampian step up war of words

Grampian would invest an immediate £5 million in the Savory & Moore retail chain if their takeover bid for Macarthy succeeds, Grampian chairman Bill Hughes has told *C&D*. This is the minimum needed to get the businesses "on its way," he said.

Mr Hughes is also scathing about the Macarthy dividend policy, and says Macarthy's last three dividends were not covered by earnings, and the company had to dig into its reserves to pay.

The latest Grampian bid document makes a root and branch attack on Macarthy's management and record. Macarthy's management is not "new", as the group claims, argue Grampian. "John Read, the chairman, joined the board in 1986 and Ian Parsons, the chief executive, was director of the retail division from June 1987."

Macarthy's investment in their retail pharmacy chain has been too little, too late. "Apparently only £3.4m has been targeted at the chain since August 1989, far below the rate of investment by Macarthy's main competitors," claim Grampian.

Macarthy are also attacked for their record in the pharmaceutical products division, which includes Farillon. "Your board has highlighted its £2.6m investment in pharmaceutical manufacturing. In fact, such was the neglect that Macarthy's only realistic options were either to sell out or commit significant resources to revitalising their operations."

## EC maternity Directive fails

A European Commission Directive outlining uniform maternity rights has failed to get agreement in the face of opposition from the UK.

The Directive is part of the Commission's Action Programme implementing the Social Charter of Fundamental Rights for Women. If it becomes law, it will introduce a minimum 14 week period of maternity leave with no loss of or reduction in pay. Disagreement is thought to centre on the enshrinement of this right.

In addition, women in the UK would no longer be required to work for two years for the same employer before qualifying for paid maternity leave and for protection from dismissal.

Grampian describe Farillon as a low margin, agency business.

In a rebuttal of the Grampian document, Mr Read said: "Grampian's latest document adds nothing to the debate of the real issues and smacks of desperation. Grampian has said nothing to alter the view that its offers are wholly inadequate." The board would be writing to shareholders soon with further advice, he added, and in the meantime they are "strongly urged" to continue to ignore Grampian's offers.

Shareholders have until 3pm on July 10 to accept Grampian's bid, characterised as a capital premium of 29.5 per cent over Macarthy's share price on May 20 and representing an exit multiple of 17.9 times Macarthy's 1990 earnings.

## Aqua Libra defend name

The makers of Aqua Libra, the up-market health drink, have won a High Court order banning the producers of a herbal diuretic from using almost exactly the same name.

The temporary injunction, imposed by deputy judge Jonathan Parker QC, will stay in force until the trial of a "passing-off" action by Callitheke UK Ltd, a subsidiary of International Distillers and Vintners, against food supplements supplier Vitalia Ltd.

Callitheke's counsel, Nicholas Pumfrey QC, said Aqua Libra was an exotic mixture of fruit juices, spring water, tarragon, Siberian ginseng and a fusion of sunflower and sesame seed. Sales topped £6 million in 1989-90 and were expected to reach £10m this year.

The company was worried that customers would associate the drink with the diuretic capsules, which have been sold since last September under the name Aqua-Libra (with a hyphen). Its fears were compounded by a report from the Ministries of Agriculture and Health which questioned the toxicity of juniper oil and kelp — two components of the capsules — and recommended an urgent review of their safety.

Vitalia is contesting the passing-off action. It denies that its use of the name has given rise to any confusion in the minds of the public between the two products.



Jeremy Clitheroe, chairman of the National Pharmaceutical Association, is presented with a commemorative rose bowl by Mike Gatenby, general manager of ICI Pharmaceuticals UK. The presentation, in recognition of the NPA's 70 years service to the community, took place at their St Albans headquarters last month

## Banks crack down

A tougher attitude by banks towards small businesses has been revealed in a quarterly national survey conducted by The Forum of Private Business.

A survey of 500 small businesses showed that 9 per cent reported higher bank charges, 12 per cent increased interest rates and 18 per cent reduced overdraft limits or refusal of overdraft facilities or extensions.

The FPB says the survey

### BRIEFS

**Beanstalk** have moved away from regionally based operations following the introduction of their Chameleon shopfitting system. The company has centralised its UK independent sales operation at its head office in Chichester. Newly appointed contract managers will supervise all installations and offer advice.

**Kingsgrange**, a major supplier of toiletries to Marks & Spencer, is subject to a £10.2 million agreed bid from textile and toiletries group Dewhirst. Dewhirst is offering six of its new shares for every five from Kingsgrange, giving the latter a value of 33p. There is a cash alternative of 30p per share. Kingsgrange had unveiled plans to go private through an £8.6 million management buy out. However the higher offer from Dewhirst has been recommended by Kingsgrange's independent directors.

**AAH Pharmaceuticals** have signed an agreement with United Drug Wholesale allowing them to promote the Vantage retail pharmacy marketing programme in Ireland. The first Vantage pharmacy is opening in Galway, according to the latest *IPU Review*. John Rutledge, sales manager of United Drug, Balina, has been appointed business development manager for Vantage in Ireland.

highlights the need to strengthen the small business owner's hand through a written contract with his bank. In the short term it supports the creation of a banking ombudsman and legislation to give automatic interest on overdue debt. No single bank emerged as best or worst. The evidence suggests individual banks are applying different strategies to small businesses.

## Acid attack

Two people were taken to hospital after a suspected acid attack on the main Boots store in Manchester, thought to be the work of the Animal Liberation Front. The windows of the store had been attacked by some sort of acid and the two men cleaning them are thought to have been overcome by fumes, a spokesman for the company told *C&D*.

This attack follows the fire bombing of a Boots warehouse in Rochdale (*C&D* last week, p1087).

### ADVANCE INFORMATION

**Action on Addiction.** "Drugs, alcohol and tobacco: making the science and policy connections" conference, London, July 16-19. Details from Ms E. Benn on 071-261 1333.

**Pharmacy World Congress 1991.** Combining the 51st FIP Congress of Pharmaceutical Sciences, the 14th Pan American Congress of Pharmacy and Biochemistry and the 19th Central American and Caribbean Pharmaceutical Federation Congress, September 1-6, Washington DC. Details from FIP Congress Department on (31) 703 631925.

**The International Federation of Catholic Pharmacists.** "The pharmacist-servant or merchant?", 20th international congress in Cologne/Bonn, September 7-9. Details from Manfred Schunck, on 0032 87/742054.

# CLASSIFIED

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 Tel Tonbridge (0732) 364422. Telex 95132. Fax (0732) 361534  
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**Publication date** Every Saturday  
**Headings** All advertisements appear under appropriate headings  
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## AGENTS

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**LIVERPOOL** - Locum required for regular or occasional Saturday mornings. Tel: 051-525 3522.

**HEMEL HEMPSTEAD, HERTS** - Pharmacist required for alternate Saturdays. 9am - 5.30pm. Tel: R. Thompson, 081-575 1816.

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# ABOUT PEOPLE

## Bradford lad wins award for excellence

University of Bradford graduate Simon Tweddell, 22, is one of the first 10 students in Britain to receive an "Award for Excellence", a new initiative launched by Safeway which now runs the UK's sixth largest pharmacy operation.

The awards reward outstanding achievement by individuals, while acknowledging the part that universities, polytechnics and colleges play in training potential management recruits.

Simon was nominated for best student in pharmacy practice in 1991 by his tutor, Dr Ian Jones. He was presented with a cheque for £150 by Andrew Summers, newly appointed chief executive of the Management Charter Initiative, along with an engraved cut glass memento.

Safeway superintendent pharmacist, Julian Ashley, said: "We wanted to officially recognise the importance of the company's relationship with further education establishments throughout the country. With pharmacies in 50 of our stores nationwide, it is particularly appropriate that one of the first awards should go to a pharmacy graduate."

Dr Jones, course director at the pharmacy practice research unit at the University of Bradford, accompanied Simon to the presentation. "It is encouraging for our students to have their work recognised in such a way," he said.

**Pharmacist Roderick Drew** has been awarded an MBE in the Queen's birthday honours, the third pharmacist to be honoured this year (About People, June 22). Mr Drew, chairman of Coventry's alcohol related crime project, is also manager of Boots in Coventry.



A group of preregistration students celebrate their success in this year's Multiple Retail Pharmacy Training Group training programme at a dinner, held at the Richmond Hill Hotel, Richmond last month. Some 30 budding pharmacists from Moss Chemists and Kingswood (as was) completed this year's programme. Rajbir Bajwa of Moss Chemists won the preregistration project award for his project entitled "Pharmacists and antibiotic therapy".



Virginia Watson, a locum pharmacist from Wiltshire, is planning a tour of European pharmacies in September after winning the 1991 Efamol European Pharmacy Award. Pharmacists were invited to submit an article entitled "Nutrition: diet or supplementation?" reviewing the role of the pharmacist as a health and nutrition advisor for the 90s. Mrs Watson is pictured with two of the judges — Tim Astill (left), director of the National Pharmaceutical Association and Mike Wakeman, managing director of Efamol Ltd. Runners up were Norma Cox of London, Irene Gummerson of West Yorkshire and Keith Jenkins of Buckinghamshire.

## DEATH

**Keith Morris, Northern divisional sales manager for Robinson Healthcare, on June 20.** Robinson Healthcare say Keith, who was only 56, had been with Robinson for over 20 years. He was a popular and well respected member of staff, and

especially well known in the grocery and pharmacy consumer/wholesale sectors of the trade. Keith, who lived in Wakefield, will be sorely missed by all his friends and colleagues at Robinson and in the industry.

## APPOINTMENTS

**Crookes Healthcare** has been restructured and several new appointments made.

Kevin Wilson is appointed managing director with responsibility for all aspects of the company's operations including exports and production at the company's baby foods plant in Kendal, Cumbria.

Dr Malcolm Phillips is appointed as director of sales and marketing with overall responsibility for pharmacy and grocery sales and marketing activities. John Edwards assumes responsibility for all sales in the chemist, drug, medical and chemist wholesale areas. He is also responsible for Crookes Healthcare's business through Boots, Lloyds and Superdrug.

Reporting to John Edwards are Gerard Fremlin, who has responsibility for multiple chemist and drug accounts, and Neil Murphy, who becomes responsible for Crookes Healthcare's retail and medical field forces.

John Appleby becomes head of healthcare marketing with responsibility for all the company's healthcare brands.

**Bristol-Myers Squibb** have appointed Barry W. Wilson to the new position of president, Pharmaceutical Group, Europe. The presidents of the company's four re-aligned European regions and the newly created vice-president of European Community affairs will report to Mr Wilson. He joined the company in 1980 as vice-president for the Japan/Pacific region.

**College of Pharmacy Practice:** Dr John Farwell, district pharmaceutical officer, City and Hackney Health Authority, has been elected vice-chairman of the College for a period of two years. He is currently a College governor.

**Dr George Christie** has been appointed director of Upjohn Laboratories, Europe. In this newly-created position, Dr Christie will oversee all aspects of Upjohn's research, development and medical activities in the UK and Europe.

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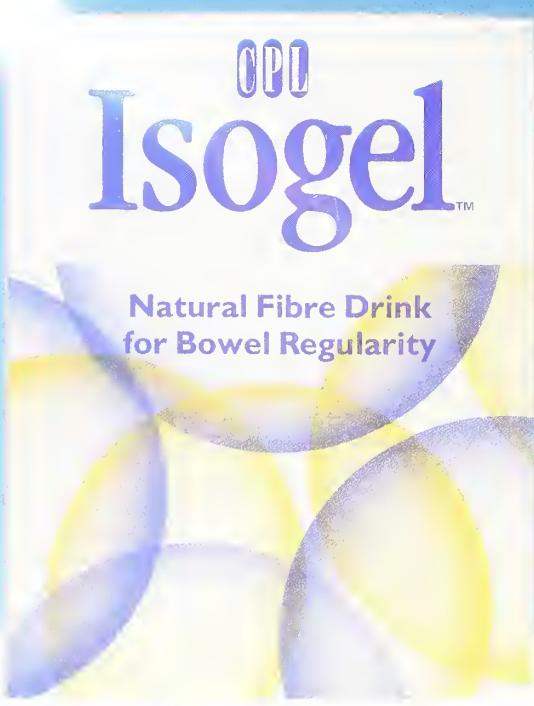
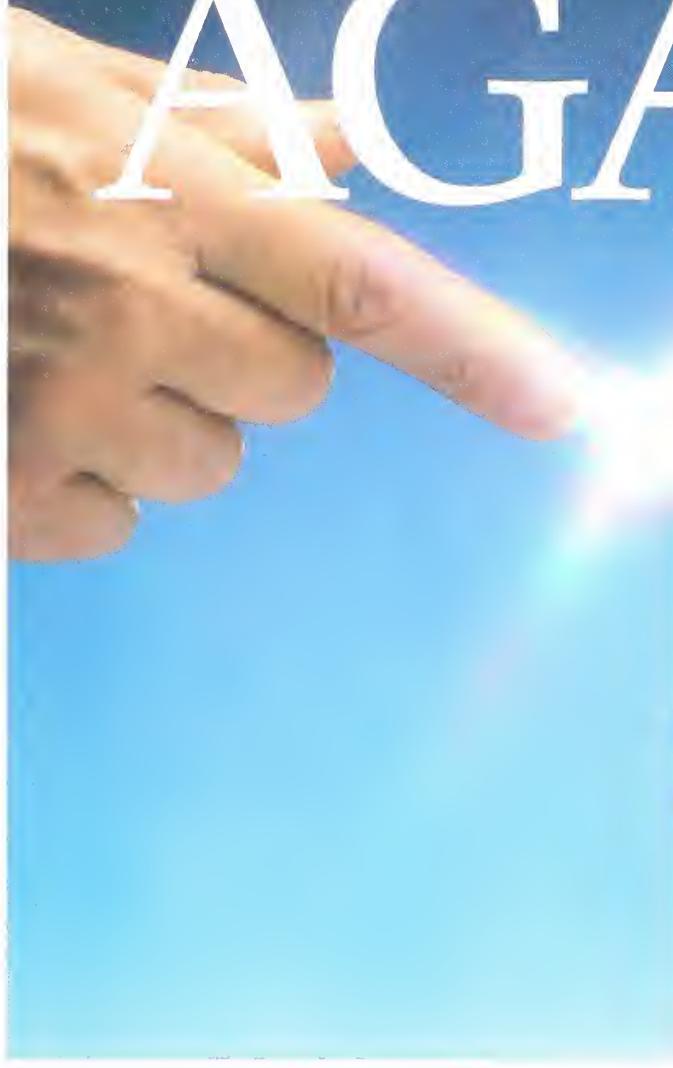
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